

INLAND EMPIRE CONSORTIUM
Membership/Invoice Form
Annual Membership September 2020 - August 2021

Membership Information

Membership dues for the Inland Empire Consortium are assessed in September and are **due by October 15, 2020**. Dues will be considered delinquent after delinquent after December 31st. Dues not paid, will result in loss of membership privileges. See Consortium Bylaws. EIN# 71-1050064.

Please complete the Membership Application below and return Membership Fee of \$150.00. You may submit your IEHEC Membership application and check payment in the following 2 ways before or by Thursday, October 15th, 2020:

- 1. Make check payable to:**
Inland Empire Healthcare Education Consortium
PO Box 12223
San Bernardino, CA 92403

- 2. Contact the [IEHEC Treasurer, Daisey Hardas](mailto:HardasD@armc.sbcounty.gov), at [909-580-2538](tel:909-580-2538) via E-Mail at HardasD@armc.sbcounty.gov for IEHEC direct deposit information.**

Members are asked to participate on one of the following committees.

Please indicate your choice below:

- Membership/Nominations
- Legislative Issues
- Education & Research
- By-Laws
- Facilities
- Finance
- I am willing to serve as the Chairperson of a committee

Membership Application

Agency or Facility: _____

Name/Title: _____

Address: _____

City/State/Zip: _____

Phone: _____ **Fax:** _____

E-Mail Address: _____

Other Agency/Facility Reps: _____