California Hospital Association
Political Action Committee

We are here for you...so you can be there for them.
Your patients...your communities.

Please join CHPAC today!

Volunteer Ambassadors’ Club
Registration Form

Payment Options

- Visa
- MasterCard
- American Express

Credit Card#

Expiration Date Security Code
(MasterCard/Visa/American Express, name on reverse must appear exactly as is on the card)

- Check (Made payable to CHPAC)

NOTE: Contributions or gifts to CHPAC are completely voluntary and not deductible as charitable contributions for federal or state income tax purposes.

Signature

Date

Please send a copy of this completed form to:
Fax#: 916.552.7692 or CHPAC (ID# 790773)
CHPAC (ID# 990773)
1215 K Street, Suite 800
Sacramento, CA 95814
**California Hospital Association**
**Political Action Committee**

**WITH EVERY NEW MEMBER CHPAC GROWS STRONGER**

CHPAC is the political arm of the California Hospital Association. The purpose of CHPAC is to elect candidates who understand the vital role hospitals play in our state as a part of the healthcare system and the positive impact hospitals have on the economy.

You can have a role in helping to elect candidates who support hospitals by joining the CHPAC Volunteer Ambassadors’ Club.

The club membership, available for only $100, will be active for one year from the date of joining. Managed by volunteer leaders, the club offers many benefits, including special members-only events.

The prestigious CHPAC Volunteer Ambassadors’ Club consists of hospital volunteers who want to be a constant and consistent participant in the issues surrounding hospitals.

**Club Benefits**

- A specially designed CHPAC Volunteer Ambassadors’ Club lapel pin.
- Free admittance to most CHPAC Presidents’ Club events.
- Members may bring a guest, free of charge, to one CHPAC Presidents’ Club event of their choice.

**CHPAC Members-Only Events**

- **Presidents’ Club Summit Reception** in Half Moon Bay.
- **Presidents’ Club Summit Reception** in Half Moon Bay.

**Registration Form**

- I wish to support the activities and causes of the California Hospital Association Political Action Committee (CHPAC) by joining the Volunteer Ambassadors’ Club and making a pledge of $100.

- I do not wish to join at this time, but please accept my contribution of $__________.

We are required to collect the following information on all political contributions:
(Please fill out in its entirety)

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupation&gt;Title</td>
<td></td>
</tr>
<tr>
<td>Full Name of Employer</td>
<td></td>
</tr>
<tr>
<td>Mailing Address</td>
<td></td>
</tr>
<tr>
<td>City/State/Zip</td>
<td></td>
</tr>
<tr>
<td>Telephone/Fax</td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
</tbody>
</table>

*See Reverse for Payment Options*