

Cal-HOSA Business Partnership Form

Contact name: _____

Title: _____

Company Name: _____

Address: _____

Email: _____

Phone: _____ Fax: _____

Partnership interest (please check all that apply)

_____ Internships

_____ Sponsor

_____ Guest speakers

_____ Scholarship

_____ Employment opportunities

_____ Meeting place

_____ Volunteer opportunities

Individual Membership: \$100.00

Corporate Membership: \$500.00

Membership amount: \$ _____

Additional donation: \$ _____

Total enclosed: \$ _____

Mail or fax this form and your membership check made out Cal-HOSA to:

Cal-HOSA Headquarters
7945 Vineyard Ave., Suite D-4
Rancho Cucamonga, CA 91730

Fax: (909) 987-5917