



CASHE

California Association
of School
Health Educators

For Today, Health Education is the Cure.

Membership Application



Individuals who support the **CASHE** mission are invited to **RENEW** their CASHE Membership or become a **NEW CASHE** member. The **\$50 MEMBERSHIP FEE**, is valid for one year (*from March 15th to March 14th*).

Once this form has been **completed** and **submitted via email**, please remember to use the paypal button on website to pay your membership fees.

LAST NAME:

FIRST NAME:

POSITION:

SCHOOL/ORGANIZATION:

DISTRICT:

MAILING ADDRESS:

PREFERRED PHONE:

PREFERRED FAX:

EMAIL:

when completed click here to

SUBMIT

Questions/Concerns: Please **click here** to email CASHE Treasurer **Joyce Chonis**.

CASHE.org