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Subscriber Member Form

A one-year subscription to CBHA is available for \$6,000. Subscriber fees will be billed upon receipt of the completed subscriber form.

Please complete this form and return it to Nicole Thompson at nthompson@cbha.net.

Contact: _____

Organization Name: _____

Administrative Address: _____

City, State, Zip Code: _____

Phone: _____ Fax: _____

FEIN: _____

- Enclosed is \$ _____* (please check one below)

- ☐ Annual Payment
- ☐ Semi-Annual Payment
- ☐ Other

- Pledge: _____ (signature) Date: _____

I understand that this pledge obligates my organization for the membership assessment for the fiscal year.

*CBHA is 501(C)(4) organization. Subscriber fees are not deductible as charitable contributions for federal income tax purposes.
