

Membership / Invoice Form

Annual membership September 2026 - August 2027

Membership dues are assessed in June and are due by October 15, 2026. Dues are delinquent after October 15, 2026. Unpaid dues result in loss of membership privileges. See Consortium Bylaws. EIN 71-1050064.

Please complete the membership application below and return it with the membership fee of \$150.00.

Make checks payable to

Inland Empire Health Education Consortium

PO Box 12223, San Bernardino, CA 92403

Billing questions: Daisey Hardas, Treasurer | HardasD@ARMC.SBCounty.gov

Membership application

Members are encouraged to participate in one of the following committees. Please indicate your interest below.

- | | |
|---|---|
| ☐ Membership/Nominations | ☐ Legislative Issues |
| ☐ Education & Research | ☐ By-Laws |
| ☐ Facilities | ☐ Finance |

Agency or facility

Name / title

Address

City / state / ZIP

Phone

Email address

Other agency / facility reps

Return this form with your check. Card payment is not offered on the paper form. You can also request an invoice online at <https://www.iehec.org>.