



Health Care for All – California

Membership form: New or Renewal

healthcareforall.org Phone: 888.442.4255 Fax: 415.884.9230

Yes! I want to join the movement for universal single-payer health care in California.

Name(s) _____

Phone _____

Home

Cell

* Email _____

Street address _____

City, State, ZIP _____

Dues

\$25

\$50

\$100

\$250

\$500

Other _____

Membership dues expire 12 months after the last payment made. Membership dues are not tax-deductible.

Pay by CHECK

My 12 month membership check is enclosed

Please make check payable to HCA-CA and write "membership" on the memo line.

Pay by CREDIT CARD

Check one

Visa

MasterCard

Account No. _____

Expiration date _____

CVV # _____

Name on card _____

Signature _____

Check one

One time 12 month membership (dues indicated above)

**Recurring dues of \$ _____ (indicate frequency below)

Monthly

Quarterly

Half-year

Yearly

* *Email address required for credit card users. Please enter it above.*

** *Recurring membership payments continue at the frequency selected until you request them to change or stop.*

Recurring membership payments help us achieve a dependable financial base and reduce our administrative costs.

Mail form and payment to: Health Care for All - CA

PO Box 5833

Novato, CA 94948

Or JOIN ONLINE at healthcareforall.org. Click "BECOME A MEMBER"

Thank you!