The Forensic Mental Health Association of California 665 Third Street, Suite 516 • San Francisco, CA 94107

415.407.1344 PH • 415.358.4757 FAX • www.fmhac.net • fmhac@fmhac.net

CORPORATE MEMBERSHIP FORM

Company Information			
Company:			
Contact Name:			
Contact Address:(Street)	(City)	(State)	(Zip)
. ,		, ,	
Contact Phone Number: ()	Contact Fax: ()	
Contact Email:			
Membership Options			
☐ Platinum \$10,000	☐ Gold	\$6,000	
 Tuition to the conference for up to 4 Exhibit table at the conference Full-page advertisement in the conference program Listing in next year's conference announcement Color Advertisement on FMHAC website with link Listing in FMHAC Newsletters Listing in all one-day training programs Highlight as supporter in FMHAC Facebook and Twitter posts twice during the year 	 Exhibit table at t Full-page advert Listing on FMHA Listing in FMHA Listing in all one Highlight as sup posts twice during 	tisement in the conferent AC website with link AC newsletters e-day training programs porter in FMHAC Facebing the year	
Exhibit table at the conference	☐ Bronze	\$1,000	
 Half-page advertisement in the conference program Listing in FMHAC newsletters Listing in all one-day training programs 	Listing in FMHAQuarter-page ac	dvertisement in the confe	rence program.
Payment			
□ Invoice □ By Email □ By Fax □ By □ Check Make checks payable to FMHAC □ Credit Card (VISA/MC) □ Card # □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □			
Billing Address			
(Street) Email/Fax for confirmation	(City)	(State)	(Zip)