



Education Building | 440 North Broad Street | Room 115 | Philadelphia, PA 19130

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Date: _____

Name of Association: _____

Learning Network: _____

Signature Page

Please indicate who the three (3) signers are by putting an () to the right of their names*

(Print) President's Name: _____

President's Signature: _____

(Print) Vice President's Name: _____

Vice President's Signature: _____

(Print) 2nd Vice President's Name: _____

2nd Vice President's Signature: _____

(Print) 3rd Vice President's Name: _____

3rd Vice President's Signature: _____

(Print) 4th Vice President's Name: _____

4th Vice President's Signature: _____

(Print) Recording Secretary's Name: _____

Recording Secretary's Signature: _____

(Print) Corresponding Secretary's Name: _____

Corresponding Secretary's Signature: _____

(Print) Treasurer's Name: _____

Treasurer's Signature: _____

Date Received: _____

Received By: _____

Date Check Deposit: _____

Date HSA Notified: _____