

NRHA is unique among health care membership associations because it brings together all professionals dedicated to advancing health care in rural America. NRHA fosters connections and collaborations, advocates for rural health constituents in legislative and regulatory affairs, facilitates workforce development and quality improvement, and supports pioneering research and innovation.



**Membership Benefits**

- Instant access to NRHA's exclusive networking website, *NRHA Connect*, including the Grassroots Advocacy forum
- Subscriptions to the weekly e-newsletter, *NRHA Today*, along with rural health action alerts
- Quick and easy overviews of federal and rural health programs with NRHA's policy briefs, issue papers and teleconferences
- Expert NRHA staff to assist you, plus access to resource libraries
- Member discounts on NRHA conferences
- Full subscriptions to *Rural Horizons* magazine and the *Journal of Rural Health*
- Job postings through the Rural Health Career Center
- National networking through interest groups and interactive forums

**Members are entitled to affiliate with one constituency group (CG) and have voting privileges within that group.**

**Please select one:**

- |   |   |
|---|---|
| <input type="checkbox"/> Clinical Services                  | <input type="checkbox"/> Public Health              |
| <input type="checkbox"/> Federally Qualified Health Centers | <input type="checkbox"/> Research and Education     |
| <input type="checkbox"/> Frontier                           | <input type="checkbox"/> Rural Health Clinics       |
| <input type="checkbox"/> Hospitals and Health Systems       | <input type="checkbox"/> Statewide Health Resources |
|   | <input type="checkbox"/> Student                    |

**Health System/Network discounted bulk facility memberships on one invoice**

**Level One - \$1,500 per year, per facility**

- |   |   |
|---|---|
| <input type="checkbox"/> \$3,000 for 2 facilities | <input type="checkbox"/> \$10,500 for 7 facilities  |
| <input type="checkbox"/> \$4,500 for 3 facilities | <input type="checkbox"/> \$12,000 for 8 facilities  |
| <input type="checkbox"/> \$6,000 for 4 facilities | <input type="checkbox"/> \$13,500 for 9 facilities  |
| <input type="checkbox"/> \$7,500 for 5 facilities | <input type="checkbox"/> \$15,000 for 10 facilities |
| <input type="checkbox"/> \$9,000 for 6 facilities |   |

**Level Two - \$1,200 per year, per facility**

- |   |   |
|---|---|
| <input type="checkbox"/> \$16,200 for 11 facilities | <input type="checkbox"/> \$22,200 for 16 facilities |
| <input type="checkbox"/> \$17,400 for 12 facilities | <input type="checkbox"/> \$23,400 for 17 facilities |
| <input type="checkbox"/> \$18,600 for 13 facilities | <input type="checkbox"/> \$24,600 for 18 facilities |
| <input type="checkbox"/> \$19,800 for 14 facilities | <input type="checkbox"/> \$25,800 for 19 facilities |
| <input type="checkbox"/> \$21,000 for 15 facilities | <input type="checkbox"/> \$27,000 for 20 facilities |

**Level Three - \$675 per year, per facility**

- |   |   |
|---|---|
| <input type="checkbox"/> \$27,675 for 21 facilities | <input type="checkbox"/> \$31,050 for 26 facilities |
| <input type="checkbox"/> \$28,350 for 22 facilities | <input type="checkbox"/> \$31,725 for 27 facilities |
| <input type="checkbox"/> \$29,025 for 23 facilities | <input type="checkbox"/> \$32,400 for 28 facilities |
| <input type="checkbox"/> \$29,700 for 24 facilities | <input type="checkbox"/> \$33,075 for 29 facilities |
| <input type="checkbox"/> \$30,375 for 25 facilities | <input type="checkbox"/> \$33,750 for 30 facilities |

NRHA's mission: To provide leadership on rural health issues through advocacy, communications, education, and research.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Payment:**  Check or purchase order (**payable to NRHA**)

Credit Card:  Visa  MasterCard  Discover  American Express

Card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_ Security code: \_\_\_\_\_

Name on card: \_\_\_\_\_ Billing zip code: \_\_\_\_\_ Signature: \_\_\_\_\_