

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.



**NRHA
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*
- Rural Health Career Center discounts
- 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"/> Research and Education |
| <input type="checkbox"/> Federally Qualified Health Centers | <input type="checkbox"/> Rural Health Clinics |
| <input type="checkbox"/> Hospitals and Health Systems | <input type="checkbox"/> Statewide Health Resources |
| <input type="checkbox"/> Public Health | <input type="checkbox"/> Student |

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

Health System/Network Rates
Discounted bulk facility memberships on one invoice

Annual Fee (based on number of facilities in each bracket)	
Facilities	Dues
Level 1 (2 to 10 facilities)	\$1,500 per facility
Level 2 (11 to 20 facilities)	\$1,200 per facility
Level 3 (21 facilities and up)	\$675 per facility

Name: _____ Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell 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: _____