



NeRHA RHC-CS Membership Application

- \$150.00 for the first Rural Health Clinic
- \$50.00 for each additional Rural Health Clinic
- \$50.00 per RHC if your organization currently has a organizational (ie hospital) membership

Name of organization/hospital: _____

If you are registering more than one Rural Health Clinic please provide the information requested for each clinic

Name: _____

Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Please list additional RHC's separately

Questions?? Please contact Melissa Beaudette at mbeaudette@mwhc-inc.com or 402-421-7995

Mail completed application with payment to:

**NeRHA
310 Glenhaven Dr
Lincoln, NE 68505**