NEBRASKA RURAL HEALTH ASSOCIATION

Membership Form

New____ Renewal____

Member Information – *Membership year runs from January through December*

Please print clearly

Name: _____

Organization: _____

Address: _____

City: _____ State_____ Zip: _____

Title: _____ Phone: _____

E-mail:_____

(Most correspondence is delivered electronically, so please include your clearly printed email address)

NeRHA Annual Membership:	**Membership Amount**
☐ Individual/Healthcare Professional Membership	**$50**
☐ Student Membership	**$25**
☐ Consumer/Community Membership	**$35**
☐ Rural Health Clinics Membership ($150 for the first RHC, $50 each additional)	**$150 x ____** **$50 x _____**
☐ Allied Health Membership	**$250**
☐ Healthcare Provider Organization	**$500**
TOTAL	$

Members:

Individual, Student, Consumer/Community **– 1 Person**
Rural Health Clinic, Allied Health **– 3 People**
Organizational **– 5 People**

Based on your membership, please list the people from the organization below, please include their name and e-mail address below:

1. Name _____

   E-mail address _____

2. Name _____

   E-mail address _____

3. Name _____

   E-mail address _____

4. Name _____

   E-mail address _____

5. Name _____

   E-mail address _____

Make checks payable to: NeRHA – 7160 S 29th Street, Suite 6 - Lincoln, NE 68516
Phone: (402) 421-2356

for supporting rural health in Nebraska!