



## NEBRASKA RURAL HEALTH ASSOCIATION

# 2018 Membership Form

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

**Please print clearly**

New \_\_\_\_\_ Renewal \_\_\_\_\_

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

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

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

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

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

| <b>NeRHA Annual Membership:</b>  | <b>Membership Amount</b> |
|--|--------------------------|
| <p><input type="checkbox"/> <b>Individual/Healthcare Professional Membership</b> <b>\$50</b></p> <p>This category of membership is designed for rural health care professionals, providers, government representatives and others working in the healthcare field. This level of membership entitles healthcare professionals to full benefits and privileges listed below:</p> <ul style="list-style-type: none"> <li>• <u>One</u> vote on NeRHA matters</li> <li>• Discounts on NeRHA educational conferences and workshops</li> <li>• Monthly electronic newsletter</li> <li>• Electronic advocacy alerts and updates</li> <li>• Participation on committees</li> </ul> |                          |
| <p><input type="checkbox"/> <b>Student Membership</b> <b>\$25</b></p> <p>This category of membership is designed for active students enrolled in any health-related training program. This is a non-voting membership.</p>   |                          |

|  |  |
|--|--|
| <p><input type="checkbox"/> <b>Consumer/Community Membership</b> <span style="float: right;"><b>\$35</b></span></p> <p>This category of membership is designed for rural health advocates, consumers, and community representatives. This level of membership entitles consumers and community members to full benefits and privileges listed below:</p> <ul style="list-style-type: none"> <li>• <u>One</u> vote on NeRHA matters</li> <li>• Discounts on NeRHA educational conferences and workshops</li> <li>• Monthly electronic newsletter</li> <li>• Electronic advocacy alerts and updates</li> <li>• Participation on committees</li> </ul>  |  |
| <p><input type="checkbox"/> <b>Rural Health Clinics Membership (\$150 for the first RHC, \$50 each additional)</b></p> <p>If you have an organizational membership, RHCs will be \$50 each. Rural Health Clinics/ Constituency Section provides many valuable services and benefits to rural health clinics in the state including:</p> <ul style="list-style-type: none"> <li>• Serve on advisory committee RHC-CS</li> <li>• <u>Three</u> votes on NeRHA matters</li> <li>• Discounts on NeRHA educational conferences and workshops</li> <li>• Monthly electronic newsletter (up to three people)</li> <li>• Electronic advocacy alerts and updates</li> <li>• Monitoring and reporting legislative and regulatory issues relating to rural health clinics</li> <li>• Sharing information and experience</li> <li>• Networking with peers and others having expertise relating to rural health clinics</li> <li>• Coordination with other organizations dealing with rural health issues</li> <li>• Mutual problem solving</li> <li>• Educational conferences and workshops</li> <li>• How-To-manual for advocacy and media training</li> </ul> |  |
| <p><input type="checkbox"/> <b>Allied Health Membership</b> <span style="float: right;"><b>\$250</b></span></p> <p>Allied Health Membership is designed to support public health departments, AHECs, mental health facilities, educational institutions and other non-provider organizations. This level of membership entitles organizations to full benefits and privileges listed below:</p> <ul style="list-style-type: none"> <li>• <u>Three</u> votes on NeRHA matters</li> <li>• Discounts on NeRHA educational conferences and workshops</li> <li>• Monthly electronic newsletter (up to three people)</li> <li>• Electronic advocacy alerts and updates</li> <li>• Participation on committees</li> <li>• How-to-manuals for advocacy and media training</li> <li>• Consultation and membership assistance</li> <li>• Policy briefs on topics of importance to your organization and community</li> <li>• Notices of rural health funding opportunities</li> </ul>  |  |

**Healthcare Provider Organization**

**\$500**

Organizational membership is designed to support healthcare facilities (including hospitals, nursing homes, community health centers, assisted living, government agencies providing healthcare services and other provider organizations. This level of membership entitles organizations to full benefits and privileges listed below:

- Five votes on NeRHA matters
- Discounts on NeRHA educational conferences and workshops
- Monthly electronic newsletter (up to three people)
- Electronic advocacy alerts and updates
- Participation on committees
- How-to-manuals for advocacy and media training
- Consultation and membership assistance
- Policy briefs on topics of importance to your organization and community
- Notices of rural health funding opportunities

**TOTAL**

**Make checks payable to: NeRHA – 7160 South 29<sup>th</sup> Street, Suite 6- Lincoln, NE 68516**

**Allied Health Members**

As an **Allied Health Member**, up to 3 people from your organization can be NeRHA Members. Please list the 3 people from the organization below, please include their name and e-mail address:

1. Name \_\_\_\_\_  
E-mail address \_\_\_\_\_
2. Name \_\_\_\_\_  
E-mail address \_\_\_\_\_
3. Name \_\_\_\_\_  
E-mail address \_\_\_\_\_

## Organizational Members

As an **Organizational Member**, up to five people from your organization can be NeRHA Members. Please list the five people from the organization below, please include their name and e-mail address:

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 \_\_\_\_\_

## Organization Members + Rural Health Clinic(s) \*Optional\*

As an **Organizational Member**, you can add up to three people from your Rural Health Clinic(s) to be NeRHA Members for an **additional \$50.00**. Please list the three people from the Rural Health Clinic below, please include their name and e-mail address:

Clinic Name \_\_\_\_\_

1. Name \_\_\_\_\_  
E-mail address \_\_\_\_\_
2. Name \_\_\_\_\_  
E-mail address \_\_\_\_\_
3. Name \_\_\_\_\_  
E-mail address \_\_\_\_\_

Clinic Name \_\_\_\_\_

1. Name \_\_\_\_\_  
E-mail address \_\_\_\_\_
2. Name \_\_\_\_\_  
E-mail address \_\_\_\_\_
3. Name \_\_\_\_\_  
E-mail address \_\_\_\_\_

## Rural Health Clinic Members

As a **Rural Health Clinic Member**, up to 3 people from your organization can be NeRHA Members. Please list the 3 people from the Rural Health Clinic below, please include their name and e-mail address:

Clinic Name \_\_\_\_\_

1. Name \_\_\_\_\_

E-mail address \_\_\_\_\_

2. Name \_\_\_\_\_

E-mail address \_\_\_\_\_

3. Name \_\_\_\_\_

E-mail address \_\_\_\_\_

**Make checks payable to: NeRHA – 7160 South 29<sup>th</sup> Street, Suite 6 - Lincoln, NE 68516**

**Thank you for your Membership to NeRHA!**