



National Association of Rural Health Clinics 2018 MEMBERSHIP APPLICATION

2 E Main St, Fremont, MI 49412 – Ph. 866-306-1961 – FAX 866-311-9606 – www.narhc.org – membership@narhc.org

NARHC Membership

Effective Jan. 1-Dec. 31

Provider Based RHC

- \$250.00 New PB RHC*
- \$450.00 First PB RHC
- \$130.00 Affiliate PB RHC

Independent RHC

- \$250.00 New Independent RHC*
- \$450.00 First Indep. RHC
- \$130.00 Affiliate Ind. RHC

Non-RHC

- \$400.00 Assn/Gov**
- \$550.00 Consultant
- \$550.00 Other - Call for "Other" member types

Joint Membership

NARHC + State Assn

- Provider Based RHC Independent

TARHC-NARHC (Texas)

- \$600.00 Joint (per membership)

CARHC-NARHC (California)

- \$600.00 First Joint
- \$500.00 New Joint*
- \$200.00 Affiliate Joint

MARHC-NARHC (Missouri)

- | | |
|------------------------------------------------------------------|--------------------------|
| <input type="checkbox"/> \$600.00 First Joint (inc. 2 providers) | Price if Pd by Feb 15 |
| <input type="checkbox"/> \$ 65.00 Affiliate Provider (each) | \$587.50 |
| <input type="checkbox"/> \$130.00 Affiliate Joint | \$ 61.75 |
| | \$130.00 |

* **New** means 1st time member. If unsure, call 866-306-1961 for a quicklookup.

**Only RHCs are voting members. Gov. is meant for federal and state agencies, not RHCs. Call us if you don't fit a category.
3 State Associations have partnered with NARHC to offer RHCs a discounted price for joint membership in both associations
The discounted Joint price (above) is only available if you purchase a Joint Membership jointly, either from NARHC or the State

PARENT ORG and PRIMARY CONTACT INFO.

Application Date _____

| | | | |
|-------------------------|------|--------------|-----|
| Organization Name: | | Website/URL: | |
| Primary Contact Person: | | Title: | |
| Primary Contact Email: | | Phone: | |
| Billing Address: | City | St | Zip |

CLINIC #1 INFORMATION

Independent Provider-Based Pending

| | | | | |
|--------------------------|--|--|--------------------------|------------|
| Clinic Name: | | | CMS Provider ID# (PTAN): | |
| Clinic Physical Address: | | | City | St Zip |
| Clinic Contact Person: | | | Title | Work Email |

If more than 1 clinic desires membership, please fill out back.

PAYMENT METHOD: Check Visa MasterCard

Name on Card _____ Amount _____ Ph _____
 Credit Card Billing Address _____ City _____ St _____ Zip _____
 Credit Card Number _____ MC/Visa Only Expiration Date _____ CVV _____

Make checks payable to "NARHC". Mail to: **NARHC, 2 E. Main St., Fremont, MI 49412**

Phone 866-306-1961 • FAX 866-311-9606 • Email: membership@narhc.org

PLEASE COMPLETE Clinic Information for each rural health clinic/affiliate who **desires membership**.
Typically, the RHC is the member. Benefits flow down to employees and administrators of the member RHC.

CLINIC #2 INFORMATION

Independent Provider-Based Pending

| | | | |
|--------------------------|------|------------|--------------------------|
| Clinic Name: | | | CMS Provider ID# (PTAN): |
| Clinic Physical Address: | City | St | Zip |
| Clinic Contact Person: | | | Phone: |
| Title | | Work Email | |

CLINIC #3 INFORMATION

Independent Provider-Based Pending

| | | | |
|--------------------------|------|------------|--------------------------|
| Clinic Name: | | | CMS Provider ID# (PTAN): |
| Clinic Physical Address: | City | St | Zip |
| Clinic Contact Person: | | | Phone: |
| Title | | Work Email | |

CLINIC #4 INFORMATION

Independent Provider-Based Pending

| | | | |
|--------------------------|------|------------|--------------------------|
| Clinic Name: | | | CMS Provider ID# (PTAN): |
| Clinic Physical Address: | City | St | Zip |
| Clinic Contact Person: | | | Phone: |
| Title | | Work Email | |

CLINIC #5 INFORMATION

Independent Provider-Based Pending

| | | | |
|--------------------------|------|------------|--------------------------|
| Clinic Name: | | | CMS Provider ID# (PTAN): |
| Clinic Physical Address: | City | St | Zip |
| Clinic Contact Person: | | | Phone: |
| Title | | Work Email | |

If more than 5 clinics, copy this page.

NARHC Member Benefits

- Representation and “your voice” in Washington before Congress and federal agencies
- Discounted registrations to NARHC Conferences (save \$100/per person) Spring and Fall
- 10% OFF AAAASF & The Compliance Team Certifications
- Free Benchmarking for Member RHCs
- Access to Member-only sections of the website: FAQs, Sample Files, Member Directory
- Experts available to provide pertinent info. about policies affecting practice in rural areas
- Network opportunities with other RHC Providers, policymakers, & reps from businesses serving RHCs
- Exclusive arrangements with businesses that work with RHCs
- Discounted background screening, drug testing, & employment verification
- Members only discounts to On-line Training Program
- Free Discount Prescription Cards for your non-insured and under-insured clients and staff

Upcoming NARHC Conferences

NARHC 2018 Spring Institute

Hyatt Regency Riverwalk – San Antonio, TX
Mar. 19-21, 2018 (Mon.-Wed.)

NARHC 2018 Fall Institute

Hyatt Regency Lake Tahoe – Incline Village, NV
Oct. 23-25, 2018 (Tues.-Thurs.)

Save your computer before forwarding to meetings@narhc.org
with your payment or print & mail.