

National Rural Health Association

Membership Benefits

“Being a member of both the state and national rural health organizations gives Texas Health Institute a wider perspective on health issues and a voice at every level.”

Camille Miller,
Texas Health Institute,
President/CEO

- Instant access to the NRHA’s daily updated web site, rural health action alert e-mails, and the monthly NRHA rural health eNews with need-to-know updates, initiatives, job postings and funding opportunities.
- Full subscriptions to the NRHA *Rural Roads* human interest magazine and the *Journal of Rural Health* original research publication.
- Member discounts on all eight NRHA rural health conferences and free resume and job postings through the NRHA Rural Health Career Center.
- Quick and easy overviews of federal and rural health programs with the NRHA’s Legislative Action Center web site, policy briefs, issue papers, teleconferences and expert NRHA staff to assist you.

Visit www.RuralHealthWeb.org to learn more.

Sign me up!

Please select the membership type that best fits your role in rural health.

Student Membership
\$10

Student membership is for students and residents currently enrolled in academic coursework that want to learn more about rural health and network for their future careers. Student members receive full membership benefits.

Individual Membership
\$225

Individual membership is structured for the individual who is passionate, curious and active in the many facets of rural health. Individual members receive full membership benefits.

Organizational Memberships

- Level 1 \$660**
(Less than \$1 million in revenue)
- Level 2 \$1200**
(\$1 million-\$10 million in revenue)
- Level 3 \$1980**
(More than \$10 million in revenue)

Organizational membership supports hospitals, rural and community health centers, health systems and organizations in staying current with rural health matters. Includes full benefits for the organization and 6-10 staff members (depending on size).

Members are entitled to affiliate with one constituency group (CG) and have voting privileges within that group. Please select one.

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|--|---|
| <input type="checkbox"/> Community grass roots | <input type="checkbox"/> Research and education |
| <input type="checkbox"/> Diverse underserved populations | <input type="checkbox"/> Student |
| <input type="checkbox"/> Clinical services | <input type="checkbox"/> Community operated practices |
| <input type="checkbox"/> Rural health clinics | <input type="checkbox"/> Frontier |
| <input type="checkbox"/> Hospitals and health systems | <input type="checkbox"/> State-wide health resources |

Send application and payment to:



NATIONAL RURAL HEALTH ASSOCIATION

521 E. 63rd St.
Kansas City, MO 64110
816-756-3140
fax: 816-756-3144

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____

Payment Please invoice me Check enclosed

Credit card: MasterCard VISA Discover American Express

Card number _____ Exp. date _____

Name on card (signature required) _____