

National Association of Rural Health Clinics 2014 MEMBERSHIP SALE

The Membership Sale is going on now!

If your clinic has never been a member of NARHC, this is a great opportunity! Join now and receive membership for the remaining 2013 months (free) plus all 12 months of 2014 - for the price of one year. Consultants, Associations, and Governmental entities are also welcome to join but the Membership Sale is just for Provider Based or Independent RHC member types. See the Membership Application for rates.

Why should your clinic become a member?

- Representation in Washington before Congress and federal agencies
- Discounted registrations to NARHC Conferences (save up to \$125/person) Spring and Fall
- Free Benchmarking for Member RHCs
- Access to members-only sections of the website: FAQs, Sample Files, Benchmarking, Member Directory
- Experts available to provide pertinent information about policies affecting practice in rural areas
- Networking opportunities with other RHC providers, policymakers, & reps from businesses serving RHCs
- Exclusive arrangements with businesses that work with RHCs
- Referrals to rural health clinic-related services and vendors
- Discounted background screening, drug testing, employment verification & online HIPAA training
- Discounts to an extensive Online Training Program
- Free Discount Prescription Cards for your patients and staff
- Discounts for Disaster Recovery & Business Continuity

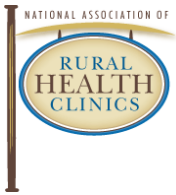
If unsure of your organization's member status, feel free to call us for a quick lookup. To join, fill out the membership app. & clinic info. page for each RHC desiring membership. Return with payment to:

NARHC
2 East Main Street
Fremont, MI 49412

Questions? Contact us at **866-306-1961**
or email membership@narhc.org for further information.



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



National Association of Rural Health Clinics 2014 MEMBERSHIP APPLICATION

2 E. Main St., Fremont, MI 49412 -- Phone 866-306-1961, FAX 866-311-9606
 website: www.narhc.org, email: membership@narhc.org

Membership Types: Effective Jan. 1st-Dec 31st

Provider Based

- \$250.00 New PB
- \$450.00 First PB
- \$130.00 Additional PB

Independent

- \$250.00 New Indep.*
- \$450.00 First Indep.
- \$130.00 Additional Ind.

Non-RHC

- \$400.00 Assn/Gov**
- \$550.00 Consultant
- \$550.00 Other

Joint Membership***

- \$250 New Joint*
 - \$350 First Joint
 - \$130 Add. Joint
- Member of: __TARHC __CARHC

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

** Only RHCs are voting members. Gov. is meant for federal and state agencies, not RHC clinics.

*** NARHC and 2 State Assns. (Texas & California) have partnered to offer discounts to those who purchase 2014 membership in both the State Assn. & National Assn. You must purchase 2014 TARHC or CARHC membership concurrently or already have the 2014 State membership. If you elect, you may pay both portions to the State Assn. Above rates are the NARHC-only portion.

MEMBERSHIP SALE:

If your RHC has never been a NARHC member, join now & get the rest of 2013 **FREE** plus all of 2014 for the 1-year price!

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

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

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

PAYMENT METHOD: Check Credit Card *Visa or MasterCard Only! (sorry not American Express or Discover)*

Credit Card Number: _____

Expiration Date: _____ Total Amount Paid: _____

Name on Card: _____

Billing Address on Credit Card: _____

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 seeks membership. Typically, the RHC is the member. Benefits flow down to employees and administrators of the member RHC.

CLINIC #2 INFORMATION

Independent Provider-Based

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

CLINIC #3 INFORMATION

Independent Provider-Based

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

CLINIC #4 INFORMATION

Independent Provider-Based

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

If more than 4 clinics, copy this page.

NARHC Member Benefits

- Representation in Washington before Congress and federal agencies
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Upcoming NARHC Conference

NARHC 2013 Fall Institute

Crowne Plaza at Historic Union Station
123 W. Louisiana St., Indianapolis, IN 46225

Oct. 23-25, 2013 (Wed.-Fri.)