



Member Application

Thank you for our interest in NAHEC membership. Please fax your completed membership application to 414-390-2199. If you have any questions about membership, benefits or the application process, please call us at 414-390-2187.

ORGANIZATION INFORMATION

Name of Company/Organization

Address

City State Zip

Country

Office Phone Office Toll Free Phone

Fax

Office Email Address Web Site Address

MEMBERSHIP TYPE

Please choose the membership type that best fits your organization's role and will best meet its needs.

Membership Type

Member

Provisional Membership

Provisional Membership is available to startup groups and organizations that are interested in providing health education programs. These organization are considered "provisional" until they begin operations and present programs. Provisional members enjoy all other benefits of Members with the exception of eligibility for accreditation and voting privileges in NAHEC.

ORGANIZATION TYPE

Please mark the category that best describes the type of organization. (Check one)

- | | |
|------------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Area Health Education Center | <input type="checkbox"/> K-12 School |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Manufacturer |
| <input type="checkbox"/> Foundation | <input type="checkbox"/> Marketing Firm |
| <input type="checkbox"/> Government Organization | <input type="checkbox"/> Media Outlet |
| <input type="checkbox"/> Law Firm | <input type="checkbox"/> Children's Museum |
| <input type="checkbox"/> Children's Hospital / Clinic | <input type="checkbox"/> Museum-Other |
| <input type="checkbox"/> Health Advocacy Group | <input type="checkbox"/> Science Museum |
| <input type="checkbox"/> Hospital / Clinic | <input type="checkbox"/> Professional Association/Society |
| <input type="checkbox"/> Independent Health Education Program Provider | <input type="checkbox"/> University |
| <input type="checkbox"/> Insurance Company | <input type="checkbox"/> Youth / After School Program |

CONTACT INFORMATION

To ensure optimal communication with member organizations, please complete the contact information below. Be sure to include all key staff including directors, educators, marketing, operations, administrative, development personnel, etc. Please list your key staff below. Be sure to check the person you wish to note as the primary contact / Members Council Delegate.

Contact 1 Primary Contact

_____ Name	_____ Title	
_____ Phone	_____ Email	
<input type="checkbox"/> Educator <input type="checkbox"/> Executive/CEO <input type="checkbox"/> Other (please list)	<input type="checkbox"/> Fund Development <input type="checkbox"/> Technology/eLearning <input type="checkbox"/> Marketing/PR/Communications <input type="checkbox"/> Administrator	<input type="checkbox"/> Operations <input type="checkbox"/> Student

Contact 2 Primary Contact

_____ Name	_____ Title	
_____ Phone	_____ Email	
<input type="checkbox"/> Educator <input type="checkbox"/> Executive/CEO <input type="checkbox"/> Other (please list)	<input type="checkbox"/> Fund Development <input type="checkbox"/> Technology/eLearning <input type="checkbox"/> Marketing/PR/Communications <input type="checkbox"/> Administrator	<input type="checkbox"/> Operations <input type="checkbox"/> Student

Contact 3 Primary Contact

_____ Name	_____ Title	
_____ Phone	_____ Email	
<input type="checkbox"/> Educator <input type="checkbox"/> Executive/CEO <input type="checkbox"/> Other (please list)	<input type="checkbox"/> Fund Development <input type="checkbox"/> Technology/eLearning <input type="checkbox"/> Marketing/PR/Communications <input type="checkbox"/> Administrator	<input type="checkbox"/> Operations <input type="checkbox"/> Student

Contact 4 Primary Contact

_____ Name	_____ Title	
_____ Phone	_____ Email	
<input type="checkbox"/> Educator <input type="checkbox"/> Executive/CEO <input type="checkbox"/> Other (please list)	<input type="checkbox"/> Fund Development <input type="checkbox"/> Technology/eLearning <input type="checkbox"/> Marketing/PR/Communications <input type="checkbox"/> Administrator	<input type="checkbox"/> Operations <input type="checkbox"/> Student

To include more contact information, please attach an additional sheet.

RESOURCE MANUAL QUESTIONNAIRE

One of the key benefits members have noted is the resource manual. This information is available online at www.nahec.org. Please take a few moments to complete the information below. We ask that all information reflect your organization's information at your most recent end of fiscal year. *Please note, you will be asked to update this information on an annual basis.*

STAFFING

Total Number of Employees	_____	Part-Time	_____
Paid Internships	_____	Volunteers	_____
Unpaid Internships	_____	Educators	_____

FEES

Fee per Student / Onsite	\$ _____
Fee per Class / Onsite	\$ _____
Fee per Student / Outreach	\$ _____
Fee per Class / Outreach	\$ _____
Fee per Student / Distance Learning	\$ _____
Fee per Class / Distance Learning	\$ _____

Fee Notes: _____

BUDGET

Annual Operating Budget	\$ _____
% Earned Income	_____ %
% Contributed Income	_____ %
% Endowed Income	_____ %

OTHER

Year Founded _____

Is your organization a Non-Profit? Yes No

DUES

Member dues are based on Annual Operating Budget of the member institution. Dues for new members joining after October 1st will be pro-rated. Provisional Member dues are \$500.00.

Annual Operating Budget ▼	Oct.-Sep.
Less than \$500,000	\$500
\$500,000 – 1 million	\$800
\$1 million – 4 million	\$1,000
\$4 million +	\$2,000

PAYMENT

Please check the payment option you would like to use.

Check

Please make check payable to NAHEC and enclose with completed application.

Credit card (Please complete the section below)*

Visa

MasterCard

Credit Card Number _____

Expiration Date _____

Please **Print** Name as it appears
on the Credit Card _____

Billing Address*

Please complete the billing address below **if different from the information provided on page one of this form.*

Address

City

State

Zip

Signature

Purchase Order

Purchase Order # _____

Purchase orders can be submitted by school districts, state and federal institutions only. A copy of the purchase order must be attached to the application.

Please fax completed membership application to Fax: 414-390-2199.