

RHA ADDITIONAL CONTACT MEMBERSHIP APPLICATION

This application is in accordance with the Renal Healthcare Association Bylaws

An **Active** or **Affiliate Member Company** may identify **unlimited** additional contacts as part of their active membership. Become an Additional Contact today for your Member Company by filling out the information below.

Company Name: _____

Is your Company an RHA Member (yes/no): _____

Additional Contact - \$50 each

Please attach names and contact information if you have more than one additional contact.

Name: _____ Title: _____

Credentials: _____ License Number (CNE/CME): _____

Company Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Supplying your email address gives RHA permission to communicate with you via email.

Payment Information

Enclosed is payment for ___ (#) of Additional Contacts at \$50 each.

Check or money order is enclosed (payable to RHA) Amount: \$ _____

VISA MasterCard Amex Amount: \$ _____

Credit Card #: _____ Exp. Date: _____

Name on Card: _____

Signature: _____

For federal tax purposes, Renal Healthcare Association membership dues may be deductible as a business expense but not as a charitable contribution. Additionally, 35% are not deductible per state and federal lobbying activities as defined by the IRS.

Mail with Payment to: Renal Healthcare Association
19 Mantua Rd.
Mt. Royal, NJ 08061

Credit Card Applications: may be emailed to admin@renalhealthcare.org

If you have any questions about this application or your membership status, please contact RHA headquarters via phone at 215-320-4655 ext. 217 or via email at membership@renalhealthcare.org.

Thank you for joining the Renal Healthcare Association! You will be contacted by our headquarters with more information once your application has been reviewed.