

## **RHA ASSOCIATE MEMBERSHIP APPLICATION**

## This application is in accordance with Renal Healthcare Association Bylaws

An Associate member is exclusively an INDIVIDUAL who is involved in the ESRD industry and supportive of the purposes of RHA. These individuals are not directly employed by or otherwise involved in companies that are dialysis providers. These individuals are not eligible for membership as an Active member of RHA. Associate Members do not have voting rights and are not eligible to sit on the Renal Healthcare Association Board of Directors. Dues are billable on an annual basis, the RHA membership year runs from July 1 – June 30.

ATTENTION: Before you complete the Associate member application:

- ✓ Have you checked if your organization is a current Active or Affiliate member? To find out, please call 215-320-4655. If your organization is a current Active or Affiliate member, you are eligible to join as an Additional Contact for \$50.
- ✓ If you are on the staff of an organization that fits the Active member or Affiliate member category, you are not eligible to join as an Associate Member.

	Member Information
Name:	
Company:	
Address:	
City, State, Zip:	
Phone:	E-mail:
he individual appli	es for Associate Membership in RHA by submitting the above information for consideration.
lame (print):	Signature:
itle:	Date:
Sup	plying your email address gives RHA permission to communicate with you via email.
How did w	ulearn about Renal Healthcare Association?
-	ou learn about Renal Healthcare Association? e/word of mouth
Colleague	e/word of mouth
<ul><li>Colleague</li><li>Meeting</li></ul>	e/word of mouth (Please list:)
<ul><li>Colleague</li><li>Meeting</li><li>Magazine</li></ul>	e/word of mouth
<ul><li>Colleague</li><li>Meeting</li><li>Magazine</li></ul>	e/word of mouth (Please list:) e Ad/Editorial (Please list:)
<ul> <li>Colleague</li> <li>Meeting</li> <li>Magazine</li> <li>Website:</li> </ul>	e/word of mouth (Please list:) e Ad/Editorial (Please list:) □ renalhealthcare.org

## Payment Information Membership Year – July 1, 2019 to June 30, 2020

Check or money order is enclosed (payable to RHA)	Amount: \$ 150.00
UISA MasterCard Amex	
Credit Card #	Exp. Date:
Name on Card:	
Signature:	

For federal tax purposes, RHA membership dues may be deductible as a business expense but not as a charitable contribution. In addition, 35% of dues are not deductible due to state and federal lobbying activities as defined by the IRS.

Mail with Payment to:Renal Healthcare Association19 Mantua Rd.Mt. Royal, NJ 08061

Credit Card Applications: may be emailed to <a href="mailto:admin@renalhealthcare.org">admin@renalhealthcare.org</a>

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 <u>membership@renalhealthcare.org</u>.

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