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: ____________________________

The individual applies for Associate Membership in RHA by submitting the above information for consideration.

Name (print): ____________________________ Signature: ____________________________
Title: ____________________________ Date: ____________________________

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

How did you learn about Renal Healthcare Association?

☐ Colleague/word of mouth
☐ Meeting (Please list: ____________________________)
☐ Magazine Ad/Editorial (Please list: ____________________________)
☐ Website: ☐ renalhealthcare.org
☐ Other (Please list: ____________________________)
☐ Information from RHA Office Headquarters
☐ Other (Please list: ____________________________)


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

☐ Check or money order is enclosed (payable to RHA) Amount: $ 150.00
☐ VISA   ☐ 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 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.