2020-2021 NRAA MEMBERSHIP APPLICATION

Membership through June 30, 2021

This application is in accordance with the NRAA Bylaws.

Please select one class of membership that best represents your request for membership:

❑ **Active Member** ❑ **Affiliate Member**

Organization/ Company name: ______________________________

Headquarters Address: ______________________________

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City, State, Zip: ______________________________

Phone: ______________________________

Fax: ______________________________

Company's Primary Provider Type (check one):

❑ Freestanding Dialysis Provider ❑ Hospital-Based Dialysis Provider ❑ Management Consulting Company
❑ Corporate

Profit Status: ❑ Non profit ❑ For profit

Organization Type: ❑ LDO ❑ MDO ❑ SDO ❑ Independent ❑ Hospital-Based

Approximate # of patients:
Home:____________
In-Center:_________

Number of Facilities:
Freestanding:_________
Hospital-Based:_______

PRIMARY REPRESENTATIVE INFORMATION

Each Active Member must designate one Primary Representative. Only the Primary Representative for an Active Member is eligible to vote and serve on the NRAA Board of Directors.

Name: ______________________ Job Title: ______________________

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

E-mail: ______________________

ESRD Experience Level: ❑ More than 5 years ❑ 3-5 years ❑ 1-3 years

Specialties/Disciplines: ❑ Pediatrics ❑ General/Internal Medicine ❑ Transplant Medicine ❑ Immunosuppresion
❑ Intensive Care Medicine ❑ Clinical Pharmacology ❑ Perioperative Medicine ❑ Pediatric Nephrology
❑ Kidney Transplantation ❑ Chronic Kidney Disease ❑ Cancer-related kidney diseases ❑ Procedural Nephrology

Address: ______________________________

❑ Same as company information listed above

City, State, Zip: ______________________________

Phone: ______________________ Fax: ______________________

Supplying your e-mail address gives the NRAA permission to communicate with you via e-mail.

Name (print): ______________________ Signature: ______________________

Date: ______________________

ADDITIONAL CONTACTS

$50 per individual

An **Active** or **Affiliate Member Company** may identify unlimited additional contacts as part of their active membership. Please attach names and contact information if you have more than one additional contact.

Additional Contact Information #1

Name: ____________________ Title: ____________________

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

Address: ____________________

City, State, Zip: ____________________

Phone: __________ Fax: __________ E-mail: ____________________

Additional Contact Information #2

Name: ____________________ Title: ____________________

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

Address: ____________________

City, State, Zip: ____________________

Phone: __________ Fax: __________ E-mail: ____________________

Additional Contact Information #3

Name: ____________________ Title: ____________________

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

Address: ____________________

City, State, Zip: ____________________

Phone: __________ Fax: __________ E-mail: ____________________

Additional Contact Information #4

Name: ____________________ Title: ____________________

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

Address: ____________________

City, State, Zip: ____________________

Phone: __________ Fax: __________ E-mail: ____________________

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

Please send in ONE application and payment (to include company dues AND additional contact payments)

Membership Categories

Active Member: (through June 30, 2021): Any COMPANY that meets the NRAA definition of Provider Company or Management Consulting Company. An Active member company must designate a Primary Representative to represent it. An Active member may have unlimited non-voting Additional Contacts that may participate in NRAA activities and benefits.

❑ Active Membership = $350.00 ❑Additional Contacts = $50 x ____ = ______

Affiliate Member: (through June 30, 2021): Any COMPANY involved in the ESRD industry and supportive of the purposes of NRAA, and are not eligible for membership as an Active member of NRAA. An Affiliate member may have unlimited Additional Contacts that may participate in NRAA activities and benefits.

❑ Affiliate Membership = $350.00 ❑Additional Contacts = $50 x ____ =____

Primary Representative: (dues are included with company membership)
An Active Member is represented by an individual who has been designated in writing to be the Primary Representative by the company. A company can only have one Primary Representative at a time. A change in Primary Representative may be made by the company in writing to NRAA.

Additional Contact: (dues $50 each through June 30, 2021)
An **Active Member** or **Affiliate Member Company** may identify unlimited Additional Contacts as part of their membership. Additional Contacts are not eligible to vote or be a candidate for, elected to or appointed to the Board or serve as an Officer.

How did you learn about NRAA?

❑ Colleague (Please name):____
❑ Meeting (Please list):____
❑ Magazine Ad/Editorial (Please list): ____
❑ Website: ❑ NRAA
❑ Other (Please list):
❑ NRAA Mailing

PAYMENT INFORMATION

❑ Check is enclosed (payable to NRAA) Amount: $ ____________

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

Credit Card payments may be emailed to nraa@nraa.org

❑ VISA ❑ MasterCard ❑ Amex Amount: $ ____________

Credit Card # _________________________________Exp. Date: _________________________________

Name on Card: ________________________________

Signature: ____________________________________

For federal tax purposes, NRAA 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.

Thank you for your interest in joining the NRAA! Once your application has been approved and processed, you will receive an email with your membership details, including login information.