NRAA ADDITIONAL CONTACT MEMBERSHIP APPLICATION

This application is in accordance with the NRAA Bylaws

An Active or Affiliate Member Company may identify un Become an Additional Contact today for your Member Co	limited additional contacts as part of their active membership ompany by filling out the information below.
Company Name:	
Is your Company is an NRAA Member (yes/no):	
	Contact - \$50 each Ition if you have more than one additional contact.
Name: 1	Title:
Credentials:Lice	ense Number (CNE/CME):
Company Name:	
Address:	
City, State, Zip:	
Phone: Fax:	E-mail:
Supplying your email address gives the NR	AA permission to communicate with you via email.
	nt Information #) of Additional Contacts @ \$50 each.
☐ Check or money order is enclosed (payable to NRAA)	Amount: \$
□ VISA □ MasterCard □ Amex	Amount: \$
Credit Card #:	Exp. Date:
Name on Card:	
Signature:	
For federal tax purposes, NRAA membership dues may be contribution. In addition, 35% of dues are not deductible of	e deductible as a business expense but not as a charitable due to state and federal lobbying activities as defined by the IR
Mail with Payment to: National Renal Administr 100 North 20 th Street, Su Philadelphia, PA 19103	
Credit Card Applications may be FAXED to (215) 564-2:	175
	your membership status, please contact NRAA headquarters 655 or nraa@nraa.org
Thank you for joining the NRAA! You will be conta	acted by our headquarters once you have been approve