



MEMBERSHIP TERM IS JULY 1ST - JUNE 30TH

Program Name _____ Program Acronym _____
 OHS Grant Number (if applicable) _____ HS Program ID _____ EHS Program ID _____
 Program Street Address _____
 City _____ State _____ Zip Code _____
 Work Phone _____ Web Site _____
 E-mail _____

Please include the program's director (required), administrative contact, or any other pertinent contact below.

1) Name _____	2) Name _____
Professional Title _____	Professional Title _____
Phone _____	Phone _____
E-mail _____	E-mail _____

Membership Type

PROGRAM MEMBERSHIP

- Under \$1 Million.....\$400
- \$1-\$3 Million.....\$800
- \$3-\$6 Million.....\$1,200
- \$6-\$10 Million.....\$2,000
- \$10-\$15 Million.....\$2,500
- \$15-\$25 Million.....\$3,000
- \$25-\$40 Million.....\$3,500
- \$40-\$60 Million.....\$4,000
- Over \$60 Million.....\$4,500

NHSA Donations

Dollar Per Child/Advocacy Fund ..\$ _____
 Scholarship and Awards\$ _____
 Disaster Relief\$ _____
 General fund\$ _____
 Other\$ _____
TOTAL DUE.....\$ _____

Payment Information

Total Amount Enclosed \$ _____
 Check # _____

To pay by credit card online, go to:
www.nhsa.org/membership

Please mail membership payment to:
NHSA
 Attn: Membership
 P.O. Box 759400
 Baltimore, MD 21275-9400

MEMBERSHIP TERM IS JULY 1- JUNE 30.

Any membership dues processed in mid-cycle will only receive the remaining months left in the membership term.

QUESTIONS?

Contact us at membership@nhsa.org, or call (703) 739-0875 and ask for members services.

