

# 2018 - 2019 PROGRAM MEMBERSHIP

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 \_\_\_\_\_

## Program Membership Type

Under \$1 Million.....	\$420
\$1-\$3 Million.....	\$840
\$3-\$6 Million.....	\$1,260
\$6-\$10 Million.....	\$2,100
\$10-\$15 Million.....	\$2,625
\$15-\$25 Million.....	\$3,150
\$25-\$40 Million.....	\$3,675
\$40-\$60 Million.....	\$4,200
Over \$60 Million.....	\$4,725

## NHSA Donations

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

**Total Due** \$ \_\_\_\_\_

## Payment Information

To pay by credit card online, go to [www.nhsa.org/membership](http://www.nhsa.org/membership) or mail membership payment to:  
NHSA, Attn: Membership, P.O. Box 759400, Baltimore, MD 21275-9400

**Amount Enclosed** \$ \_\_\_\_\_ **Check** # \_\_\_\_\_

## Membership Term is July 1 - June 30

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

## Questions?

Contact us at [membership@nhsa.org](mailto:membership@nhsa.org), or call (703) 739-0875 and ask for member services.