



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 _____

Professional Title _____

Phone _____

E-mail _____

2) Name _____

Professional Title _____

Phone _____

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.

