



**New York State Association for Rural Health
2011 Membership Application**

Please remit payment along with completed form

<p align="center">Membership Dues</p> <p>Please check one type only</p> <table style="width:100%; border: none;"> <tr> <td style="width:70%;"><input type="checkbox"/> Student</td> <td style="text-align: right;">\$10</td> </tr> <tr> <td><input type="checkbox"/> Individual</td> <td style="text-align: right;">\$55</td> </tr> <tr> <td colspan="2">Organizational (based on revenue)</td> </tr> <tr> <td><input type="checkbox"/> less than \$99,999</td> <td style="text-align: right;">\$125</td> </tr> <tr> <td><input type="checkbox"/> \$100,000 - \$250,000</td> <td style="text-align: right;">\$140</td> </tr> <tr> <td><input type="checkbox"/> \$250,001 - \$499,999</td> <td style="text-align: right;">\$150</td> </tr> <tr> <td><input type="checkbox"/> \$500,000 - \$999,999</td> <td style="text-align: right;">\$160</td> </tr> <tr> <td><input type="checkbox"/> \$1 Million - \$2.9 Million</td> <td style="text-align: right;">\$175</td> </tr> <tr> <td><input type="checkbox"/> \$3 Million and above</td> <td style="text-align: right;">\$200</td> </tr> </table>	<input type="checkbox"/> Student	\$10	<input type="checkbox"/> Individual	\$55	Organizational (based on revenue)		<input type="checkbox"/> less than \$99,999	\$125	<input type="checkbox"/> \$100,000 - \$250,000	\$140	<input type="checkbox"/> \$250,001 - \$499,999	\$150	<input type="checkbox"/> \$500,000 - \$999,999	\$160	<input type="checkbox"/> \$1 Million - \$2.9 Million	\$175	<input type="checkbox"/> \$3 Million and above	\$200	<p align="center">Payment Information</p> <p align="center">Please make checks payable to: NYSARH</p> <p>remit to: NYSARH</p> <p align="center">50 Orchard Drive Big Flats NY 14814</p> <p align="center">OR you may pay online via PayPal http://nysarh.org/membership.htm</p>
<input type="checkbox"/> Student	\$10																		
<input type="checkbox"/> Individual	\$55																		
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<p align="center">Member or Primary Contact Information</p> <p>Organization _____</p> <p>Member Name/Title _____</p> <p>Email _____</p> <p>Mailing Address _____</p> <p>_____</p> <p>City _____</p> <p>State _____ Zip Code _____</p> <p>County _____</p> <p>Phone _____</p> <p>Fax _____</p> <p>Secondary Contact Information (Organizational only)</p> <p>Name _____</p> <p>Title _____</p> <p>Email _____</p>	<p align="center">Organizational Information</p> <p>Type of Organization (check the one that best describes your organization or business):</p> <p><input type="checkbox"/> Health Care/Type: _____</p> <p><input type="checkbox"/> Human Serv/Type: _____</p> <p><input type="checkbox"/> Gov't Agency/Type: _____</p> <p><input type="checkbox"/> Agriculture <input type="checkbox"/> Education</p> <p><input type="checkbox"/> Environmental <input type="checkbox"/> Faith-based</p> <p>Other _____</p> <p>_____</p>																		
<p align="center">NYSARH Committees</p> <p>Please select NYSARH committees in which you are interested in participating:</p> <p><input type="checkbox"/> By-Laws</p> <p><input type="checkbox"/> Conference Planning</p> <p><input type="checkbox"/> Legislative/Health Advocacy</p> <p><input type="checkbox"/> Membership</p> <p><input type="checkbox"/> Nominating</p> <p><input type="checkbox"/> Organizational Development</p> <p><input type="checkbox"/> Public Relations</p> <p><input type="checkbox"/> Quality Through Collaboration</p>	<p>If your interest in becoming a NYSARH member is the result of someone encouraging you to do so, who may we thank for this? Name of person who recruited you: _____</p>																		