



2009 Louisiana Rural Health Association Membership Application

Name _____ **Title** _____

Organization Name _____

Mailing Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Fax** _____

Email _____

(Please provide to receive all member mailings)

Membership Categories

Individual - any individual not holding membership in another category

Student - active students enrolled in any health-related training program

Organizational - is entitled to identify up to five persons as part of their membership.

Name(s) of Additional persons and contact information _____

Select a Membership Category

Student (\$30) **Individual** (\$100)

Organization (based on the size of operating budget)

Less than \$1 million \$500.00

\$1 million - \$10 million \$500.00

Over \$10 million \$500.00

Payment

Check enclosed MasterCard Visa

Credit Card Number _____ **Expiration Date** _____

Name (appearing on card) _____

Louisiana Rural Health Association
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