



2011 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
167 Hwy 402, P.O. Box 387, Napoleonville, LA 70390
Phone: (985) 369-3813 Fax: (985) 369-3630
www.lrha.org

Revised 12/08