



National Association of Rural Health Clinics
2024 CONSULTANT MEMBERSHIP APPLICATION

2 E Main St, Fremont, MI 49412 – Ph. 866-306-1961 – www.narhc.org – membership@narhc.org

Membership Year is Jan-Dec. Membership type follows:

Non-RHC
\$550.00 Consultant

NARHC Member Benefits

- FREE Publicity: Consultant NARHC Members may contribute articles to our quarterly newsletter with a reach of nearly 6,000. Member consultants may also contribute educational or informative articles free of advertisement to be posted to NARHC's news page and social media. Articles will include your name and email address.
 - Newsletter and Website advertising is also available at a cost. For more information go to: https://www.narhc.org/narhc/Advertising_Opportunities.asp
- FREE 2nd exhibitor registration when exhibiting at our conferences (\$500 value).
- Discounted Attendee Conference Registration (\$100 off per person)
- Discounted NARHC Academy CRHCP Registration (\$150 off per person)
- Free registration to the Introduction to RHCs course for all employees
- Eligibility to offer NARHC Members exclusive discounts and to be promoted as a NARHC Member Benefit.
- Opportunity to offer continuing education to individuals who hold a Certified Rural Health Clinic Professionals (CRHCP) certification.
- CRHCP Referral Program - Your clients get 10% off registration and you get paid 10% of each registration you generate.
- Access to the Consultants-only discussion forum (private community of RHC consultants to discuss topics confidentially)
- Access to members-only sections of the NARHC website: Resource Center, FAQs, etc
- Networking opportunities with RHC providers, policy-makers, & other vendors.
- Policy development opportunities through eligibility to serve on the Board or a committee

NARHC Conferences

2024 Spring Institute

Hyatt Regency Riverwalk – San Antonio, TX
 March 18-20, 2024 (Mon-Wed)

2024 Fall Institute

Amway Grand Plaza - Grand Rapids, MI
 October 7-9, 2024 (Mon-Wed)

ORGANIZATION and PRIMARY CONTACT INFO

Application Date _____

Organization Name:		Website/URL:	
Primary Contact Person:		Title:	
Primary Contact Email:		Phone:	
<u>Billing</u> Address:		City	St Zip

PAYMENT METHOD: <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard			
Name on Card _____		Amount _____ Ph _____	
Credit Card Billing Address _____		City _____ St _____ Zip _____	
Credit Card Number _____		MC/Visa Only Expiration Date _____ CVV _____	
<p>Make checks payable to "NARHC". Mail to: NARHC, 2 E. Main St., Fremont, MI 49412 Phone 866-306-1961 • Email: membership@narhc.org</p>			