



National Association of Rural Health Clinics
2025 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.

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 (\$575 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
- Free registration for Becoming an RHC - All Things Considered
- 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

2025 Spring Institute
 Omni Oklahoma City – Oklahoma City, OK
 March 17-19, 2025 (Mon-Wed)

2025 Fall Institute
 Peppermill Resort Spa Casino - Reno, NV
 October 20-22 2025 (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: Check Visa MasterCard

Name on Card _____ Amount _____ Ph _____

Credit Card Billing Address _____ City _____ St _____ Zip _____

Credit Card Number _____ MC/Visa Only Expiration Date _____ CVV _____

Make checks payable to "NARHC". Mail to: **NARHC, 2 E. Main St., Fremont, MI 49412**
 Phone 866-306-1961 • Email: membership@narhc.org