

# California and National Rural Health Association Membership Benefits



*“Being a member of both the state and national rural health organizations gives Texas Health Institute a wider perspective on health issues and a voice at every level.”*

Camille Miller,  
Texas Health Institute,  
President/CEO

The National Rural Health Association and the California State Rural Health Association are offering you the opportunity to belong to both the NRHA and the CSRHA for one special, permanent, discounted rate when you join both organizations. This dual membership is for individuals and organizations that need every rural health resource to make an impact and believe support of rural health at both the state and federal levels is the key to the future of rural health.

## CSRHA Membership Benefits

- Electronic member updates and advocacy alerts
- Quarterly electronic news publication, *The Rural Health Advocate*
- May contribute articles and editorials to *The Rural Health Advocate*
- Participation on CSRHA committees
- Toolkits and resource guides
- Discounted registration at conferences and workshops

Visit [www.CSRHA.org](http://www.CSRHA.org) to learn more.

## NRHA Membership Benefits

- Instant access to the NRHA’s daily updated web site, rural health action alert e-mails, and the monthly NRHA rural health eNews with need-to-know updates, initiatives, job postings and funding opportunities.
- Full subscriptions to the NRHA *Rural Roads* human interest magazine and the *Journal of Rural Health* original research publication.
- Member discounts on all eight NRHA rural health conferences and free resume and job postings through the NRHA Rural Health Career Center.
- Quick and easy overviews of federal and rural health programs with the NRHA’s Legislative Action Center web site, policy briefs, issue papers, teleconferences and expert NRHA staff to assist you.

Visit [www.RuralHealthWeb.org](http://www.RuralHealthWeb.org) to learn more.

## Sign me up!

Please select the membership type that best fits your role in rural health. You may choose a membership with the CSRHA or a combined (state and national) membership with CSRHA and NRHA that will save you 20 percent off your dues. This special discount is a thank you for choosing to support rural health at every level.

### Student Membership

CSRHA Membership only  
 \$15

NRHA Membership only  
\$10

20% Savings  
Combined Membership  
 \$15 + \$8 = \$23

Student membership is for students and residents currently enrolled in academic coursework that want to learn more about rural health and network for their future careers. Student members receive full membership benefits.

### Individual Membership

CSRHA Membership only  
 \$79

NRHA Membership only  
\$200

20% Savings  
Combined Membership  
 \$79 + \$160 = \$239

Individual membership is structured for the individual who is passionate, curious and active in the many facets of rural health. Individual members receive full membership benefits.

### Organizational Memberships

- Level 1**  
(Less than \$500K in revenue)
- Level 2**  
(\$500K-\$2 million in revenue)
- Level 3**  
((\$2 million-\$5 million in revenue)
- Level 2**  
(\$5 million-\$10 million in revenue)
- Level 3**  
(More than \$10 million in revenue)

CSRHA Membership only  
 \$189

NRHA Membership only  
(NRHA dues are based on revenue)  
\$660

20% Savings  
Combined Membership  
 \$189 + \$528 = \$717

\$189

\$660

\$189 + \$528 = \$717

\$315

\$660

\$315 + \$528 = \$843

\$630

\$1200

\$630 + \$960 = \$1590

\$860

\$1200

\$860 + \$960 = \$1820

\$1265

\$1980

\$1265 + \$1584 = \$2849

Organizational membership supports hospitals, rural and community health centers, health systems and organizations in staying current with rural health matters. Includes full benefits for the organization and 6-10 staff members (depending on size).

Send application and payment to:



521 E. 63rd St.  
Kansas City, MO 64110  
816-756-3140  
fax: 816-756-3144

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

**Payment**  Please invoice me  Check enclosed

Credit card:  MasterCard  VISA  Discover  American Express

Card number \_\_\_\_\_ Exp. date \_\_\_\_\_

Name on card (signature required) \_\_\_\_\_