

NAME _____

ORGANIZATION _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

TELEPHONE _____

FAX _____

EMAIL _____

INDIVIDUAL DUES	\$75	_____
ORGANIZATIONAL DUES	\$500	_____
TOTAL	\$	_____

PAYMENT INFORMATION

Federal ID Number: 54-1752058

- Check Enclosed (payable to NASBHC)
- Purchase Order (attach copy)
- Credit Card Information:
 - American Express
 - Discover
 - MasterCard
 - Visa

Name on Card _____

Card# _____

Exp Date: ____ / ____ Security Code: _____

Billing Address: _____

City _____ State _____ Zip _____

Individual Membership Benefits

- Connecting to the national SBHC movement
- 3-months' access to *The SBHC Road Map*
- Quarterly newsletter
- Online renewal
- Access to Members section of website
- Access to all NASBHC publications and toolkits

Organizational Membership Benefits

All of the above, plus:

- 9 additional months' access to *The SBHC Road Map*
- Opportunity to advertise jobs on the job-board
- Opportunity to advertise in quarterly newsletter
- Recognition in NASBHC's annual report
- Listing and hyperlink on NASBHC's website
- E-mail updates and action alerts for the entire staff (requires submission of a staff e-mail roster)

SUBMIT FORM TO:

NASBHC
1010 Vermont Avenue NW Suite 600
Washington, DC 20005

FAX (202) 638-5879