

2 E Main St, Fremont, MI 49412 ♦ Ph. 866-306-1961 x1 ♦ membership@narhc.org ♦ https://narhc.org/

	NARHC MEM	BERSHIP SALE					
	NARHC Mo	embership nn. 1-Dec. 31					
Provider Based RHC	Indepen	dent RHC		Non-RHC*	*		
\$250.00 New PB RHC* \$450.00 First PB RHC \$130.00 Each Additional PB RHC Number of Additional RHCs	\$250.00 New Inde \$450.00 First Inde	pendent RHC* pendent RHC pendent RHC ional Independent I	□\$5	□\$400.00 Association/Government □\$550.00 Consultant/Other			
* New refers to an RHC who has never been a me unless being added to a current membership. Uns **A Government membership is meant for federa Only Provide	sure if your clinic has previ	ously been a member?	Please call 86				
	NARHC Mem	ber Benefits					
<ul> <li>NARHC Advocates for RHCs in Washington D.C. Your su</li> <li>Free Benchmarking for Member RHCs</li> <li>Discounted NARHC conference registrations - Up to \$1</li> <li>Discounted Certified RHC Professional (CRHCP) registra</li> <li>Exclusive 10% discount off certification with The Comp</li> </ul>	25 perperson ation - \$150 per person	<ul><li>Member Direct</li><li>Discounted Em</li></ul>	tory ployment Scre ment opportun	s: Sample Files (forms, chening (20% or more) ities through eligibility to			
PARENT ORGANIZATION and BILLING CO	ONTACT INFORMATI	ON	Appl	ication Date			
Organization Name:			Wel	osite/URL:			
Primary Contact Person:		Title:	,				
Primary Contact Email:		Phone:					
Billing Address:	C	ity	St	Zip			
CLINIC #1 INFORMATION		☐ Indep	endent	☐ Provider-Based	l □ Pending		
Clinic Name:				CMS Certific	cation # (CCN):		
Clinic <b>Physical</b> Address:	City	St	Zip	Phone:			
Clinic Contact Person:	Title		Work E	mail			
If applying for members	ship on more than 1 cl	inic, please continue	to the bac	k of the form.			
<b>PLEASE COMPLETE</b> Clinic Information for <u>each</u> Benefits flow down to employees and admini				•			
PAYMENT METHOD:	☐ Credit Card						
Name On Card		Phone		Amount			
Credit Card Billing Address		City		z	ip		
			Expiration	Date	CVV		

Make checks payable to "NARHC" Mail to: **NARHC, 2 E Main St, Fremont, MI 49412**Credit Card Payments may be emailed to <a href="mailto:membership@narhc.org">membership@narhc.org</a> for quicker processing

Questions? 866-306-1961 x1

CLINIC #2 INFORMATION		☐ Independent			$\square$ Provider-Based		$\square$ Pending	
Clinic Name:							CMS Certificat	ion # (CCN):
Clinic Physical Address:	Cit	у	St	Ziŗ	<u> </u>		Phone:	
Clinic Contact Person:		Title			Work	Email		
CLINIC #3 INFORMATION		□ Independent		☐ Provider-Based ☐ Pending				
Clinic Name:							CMS Certificat	ion # (CCN):
Clinic Physical Address:	Cit	у	St	Zip	)		Phone:	
Clinic Contact Person:		Title			Work	Email		
CLINIC #4 INFORMATION			□ In	depen	dent	□ Pr	ovider-Based	☐ Pending
Clinic Name:							CMS Certificat	cion # (CCN):
Clinic Physical Address:	Cit	у	St	Ziŗ	)		Phone:	
Clinic Contact Person:		Title			Work	Email		
CLINIC #5 INFORMATION		,	□ In	depen	dent	□ Pr	ovider-Based	☐ Pending
Clinic Name:							CMS Certificat	cion # (CCN):
Clinic Physical Address:	Cit	у	St	Zip	)		Phone:	
Clinic Contact Person:		Title			Work	Email		
CLINIC #6 INFORMATION			□ Inc	depend	dent	□ Pro	ovider-Based	☐ Pending
Clinic Name:							CMS Certificat	ion # (CCN):
Clinic Physical Address:	Cit	у	St	Ziŗ	)		Phone:	
Clinic Contact Person:		Title			Work	Email	1	

If more than 6 clinics, copy this page.

## **Upcoming NARHC Conference and Course Dates**

## **NARHC Conferences**

2020 Spring Institute

Hyatt Regency Riverwalk – San Antonio, TX March 18-20, 2020 (Wed-Fri)

2020 Fall Institute

**CRHCP Courses** 

Spring 2020

Hyatt Regency Riverwalk – San Antonio, TX - March 20, 2020 (Fri)

Fall 2020

Sheraton Grand Phoenix - Phoenix, AZ - October 28, 2020 (Wed)