

Idaho and National Rural Health Association Membership Benefits



“...NRHA is an ideal venue for networking on funding, policy, and new ideas. Of my many memberships, NRHA is my best investment of time and money.”

Beth Landon, Director
Alaska Center
for Rural Health,
UAA - Alaska's AHEC

The National Rural Health Association and the Idaho Rural Health Association are offering you the opportunity to belong to both the NRHA and the IRHA for one special, discounted rate when you join both organizations. NRHA members who recently renewed their dues may contact our offices to learn how they can still take advantage of the dual promotion offer. 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.

IRHA Membership Benefits

- Timely state legislative health updates delivered electronically in a concise, condensed format.
- 20% discount on NRHA membership when joining or renewing IRHA membership.
- Federal legislative and regulatory information and alerts from the NRHA.
- Opportunity to provide a community forum or health fair in your rural community.
- Subscription to the quarterly IRHA newsletter series and access to “hot topic” policy issues & other resources on the IRHA website.
- Reduced registration fee to attend IRHA biennial health conferences to learn from experts and network with peers.

For additional information,
please visit www.idahorha.org

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 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 IRHA or a combined (state and national) membership with IRHA 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

IRHA Membership only

\$15

NRHA Membership only

\$10

20% Savings on NRHA dues 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

IRHA Membership only

\$25

NRHA Membership only

\$200

20% Savings on NRHA dues Combined Membership

\$25 + \$160 = \$185

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 \$1 million in revenue)

IRHA Membership only

(max. of 5 people)
 \$100

NRHA Membership only

(NRHA dues are based on revenue)
\$660

20% Savings on NRHA dues Combined Membership

\$100 + \$528 = \$628

Level 2

(\$1 million-\$10 million in revenue)

\$100

\$1200

\$100 + \$960 = \$1060

Level 3

(More than \$10 million in revenue)

\$100

\$1980

\$100 + \$1584 = \$1684

NRHA 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).

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) _____

Send application and
payment to:



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