

2008-2009 NRAA MEMBERSHIP APPLICATION

Membership year - July 1st - June 30th

Name: _____
Position: _____
Company: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
Email: _____

By entering your fax number above you are giving permission for NRAA to communicate with you via fax.

Please read the following definitions carefully and indicate which category you fall in:

- ACTIVE (\$300, or \$150 for RPG~GPO Members):** Works actively in the administration or management of an ESRD facility(s) or ESRD provider group(s). This shall include any individual who owns or is employed or contracted by an ESRD facility / provider group to perform ongoing consultative, clinical, business office, administrative or management functions on at least a monthly basis. An active member may hold office and vote.
- ASSOCIATE (\$300):** An individual supportive of the purposes of NRAA, but not directly involved in the management of organizations operating dialysis facilities. Example: ESRD Network personnel. Associate members receive all membership rights with the exception of holding office and voting.
- CORPORATE:** Any person, partnership, or corporation manufacturing, renting, or selling equipment or providing services to be used by ESRD facilities. Corporate members receive all membership rights with the exception of holding office and voting.
NRAA offers two categories of corporate membership. Please indicate your choice below:
- Four corporate employees: \$1,000 (Please attach names and contact information for the other three members.)
 One individual : \$400

REGION: Indicate the region where you live:

- Central:** IA, IL, IN, KS, KY, MI, MN, MO, ND, NE, OH, SD, WI
 North Eastern: CT, DE, MA, MD, ME, NH, NJ, NY, PA, PR, RI, VA, VT, WV
 South Eastern: AL, AR, DC, FL, GA, LA, MS, NC, OK, SC, TN, VI
 Western: AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, TX, UT, WA, WY

Your answers to the questions below will help NRAA represent the administrator viewpoint in Washington.

Please include all facilities you currently administer.

- Single Facility Chain or Affiliation (Enter Name): _____

# of Facilities	Type	Approximate # of patients	
		In-Center	Home
_____	Freestanding	_____	_____
_____	Hospital-Based	_____	_____

PAYMENT INFORMATION: " **YES I am a RPG~GPO Member and want my 50% discount. My I.D. Code is:** _____

Check or money order is enclosed (payable to NRAA)..... Amount: \$ _____

VISA MasterCard Amex Amount: \$ _____

Credit Card # _____ Exp. Date: _____

Name on Card _____ Signature _____

ZIP CODE from credit card billing address: _____

For federal tax purposes, NRAA membership dues may be deductible as a business expense but not as a charitable contribution. In addition, 15% of dues are not deductible due to state and federal lobbying activities as defined by the IRS.

Mail with Payment to: 100 North 20th Street • 4th Floor • Philadelphia, PA 19103
Credit Card Applications may be FAXED to (215) 963-9785