

Company Information

Company Name: _____

Street Address: _____

City: _____

State/Province: _____

Zip: _____

Country: _____

Telephone: _____

Company Website(s): _____

Primary Contact for Membership

Name: _____ Job Title: _____

Telephone: _____ Email: _____

Primary Contact for Billing

Name: _____ Job Title: _____

Telephone: _____ Email: _____

Primary Contact for Marketing

Name: _____ Job Title: _____

Telephone: _____ Email: _____

Primary Contact for Human Resources

Name: _____ Job Title: _____

Telephone: _____ Email: _____

Number of Branch Locations (If multiple branches, please complete Branch Roster at end of form)

Number of Employees

Nursing Provider Membership Levels (check the category for which you are applying)

Any corporate entity that supplies services to the home infusion industry by performing in-home nursing support for patients of home infusion providers may qualify for membership. Dues will be assessed according to a progressive schedule based on revenue derived from providing home infusion clinical services.

- Up to \$ 1 million revenue ————— \$800 annually
- Up to \$2 million revenue ————— \$1,000 annually
- Over \$2 million and up to \$5 million revenue ————— \$2,000 annually
- Over \$5 million and up to \$10 million revenue ————— \$3,000 annually
- Over \$10 million revenue ————— \$5,000 annually

*NHIA Dues are not deductible as charitable contributions for tax purposes but may be deductible as a business expense. The percentage of dues used for lobbying by NHIA is not deductible as a business expense. NHIA allots 10% of its dues for lobbying efforts.

Your membership entitles any of the employees you select to receive membership benefits, including their own login information for the Member Portal and NHIA website.

NHIA name, branding, and logos are proprietary marks of the National Home Infusion Association.

Select Desired Payment Method

Check - Make checks payable to:

NHIA c/o United Bank

PO Box 222831

Chantilly, VA 20153-2831

Credit Card - For Secure Fax Only - 888-206-1532

Visa Mastercard American Express

Amount

Account/Card Number

Exp. Date

CVW

Zip Code

Signature (required)

Name on Card

Questions? Email NHIA's Membership team at membership@nhia.org.

Signature

Date

By signing this application, I affirm that this organization is a healthcare supplier and the dues category selected above correctly represents the organization's net annual sales in the alternate site and specialty infusion industry.

NHIA encourages the enrollment of all applicable staff to fully take advantage of NHIA member benefits, including continuing education, industry updates, resources and tools to enrich your teams knowledge of the home and specialty infusion industry.

To make the onboarding process seamless we are requesting a Human Resources contact to either complete the attached member roster or provide an excel list of all recommended employees to receive NHIA member benefits.

Again, there is no extra charge to give all employees access to NHIA benefits!

Recommended Staff Members to enroll in NHIA Membership Benefits:

- Sales and Business Development Professionals
- Marketing Professionals
- Healthcare Executives, Leaders and Managers
- Pharmacists
- Pharmacy Technicians
- Dietitians
- Nurses
- Reimbursement & Billing Professionals
- Interns