

Individual Information

Full-time pharmacy, nursing, or other students who are interested in home and specialty infusion therapy are eligible for this category at an annual fee of \$100. Complete all information and attach proof of your current status as a student, as described below.

Student Name: _____

Street Address: _____

City: _____

State/Province: _____

Zip: _____ Country: _____

Telephone: _____ Email: _____

University/College: _____ Program/Degree: _____

Proof of Current Student Status

In order to take advantage of the deeply discounted Student & Academic Membership, attach proof of your status as a current student at the college or university you are attending. This can be accomplished through a copy of your student transcripts (these can be unofficial). The transcript must show your name, the name of the college/university and the present semester with the classes in which you are enrolled. Membership renewal is not automatic with student membership. Continued proof of student membership is required upon each renewal and dues payment.

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

CVV

Zip Code

Signature (required)

Name on Card

Signature

Date

By signing this application, I affirm that this organization is a consulting provider and the dues category selected above correctly represents the organizations revenue derived from providing home infusion consulting services.

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.