



7471 Pam American Freeway NE, 87109  
(505) 343-0010  
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**MEMBERSHIP APPLICATION**  
**Affiliated Professional Group Member**

**Professional Group Name** \_\_\_\_\_

Contact Name & Title \_\_\_\_\_

Street Address \_\_\_\_\_

P. O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ Facsimile (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Please provide a brief description of your organization's purpose: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- Membership Roster included
- Bylaws included

Affiliated health professional groups. Dues are \$100 annually. Affiliated professional members are non-voting members. Affiliated professional members receive the following benefits:

- Updates on legislative issues through email to affiliate group chairpersons or presidents
- Access to educational resources
- Coordination of joint meeting during NMHA annual meeting
- Use of NMHA conference room for meetings
- NMHA liaison staff member
- Link to your Web site from NMHA Web site
- Assistance with flyers and newsletters