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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: _____

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