

# Membership Application



Please complete the application below for membership in the Mississippi Rural Health Association. Membership is for a 12-month period.

- New Member**                       **Existing Member**

Please select the desired membership type:

**Student Membership**  **\$10**  
 Graduation date \_\_\_\_\_ (month/year)

**Individual Membership**  **\$25**

**Organizational memberships**

<b>Tier 1</b> (for up to 5 memberships)	<input type="checkbox"/> <b>\$100</b>
<b>Tier 2</b> (for up to 10 memberships)	<input type="checkbox"/> <b>\$200</b>
<b>Tier 3</b> (for up to 20 memberships)	<input type="checkbox"/> <b>\$400</b>

*Please complete the auxiliary form on the back of this application for organizational memberships.*

What is your primary interest for advocacy and networking among the following options?

- |  |  |
|--|--|
| <input type="checkbox"/> Clinical Services               | <input type="checkbox"/> Research and education      |
| <input type="checkbox"/> Community health status         | <input type="checkbox"/> Rural health clinics        |
| <input type="checkbox"/> Community operated practices    | <input type="checkbox"/> State-wide health resources |
| <input type="checkbox"/> Diverse underserved populations | <input type="checkbox"/> Student                     |
| <input type="checkbox"/> Hospitals and health systems    |  |

Name of member \_\_\_\_\_

Name of Organization / Position \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

**Send application to:**

Mississippi Rural Health Association  
 31 Woodgreen Place  
 Madison, MS 39110

Contact Us:  
 601.898.3001  
 president@mississippirural.org

www.msrrural.org

**Payment**    Check enclosed    Credit Card    Please invoice me

Card number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CSC \_\_\_\_\_

Name on card (signature required) \_\_\_\_\_

# Auxiliary Form for Organizational Members

Name \_\_\_\_\_

Position \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_