Membership Application

The Hawai`i State Rural Health Association (HSRHA) is a nonprofit organization whose mission *'working together to promote healthy rural communities'* is achieved through its broad-based network of members from all communities in Hawai`i, including grassroots advocates, local rural health association members, health practitioners and public health professionals.

As an active member of the National Rural Health Association, HSRHA participates in national and local health initiatives to improve rural health; promotes the inclusion of grass-roots input into statewide health planning; supports rural health workforce development and retention; and advocates for access to health services for rural areas throughout Hawai'i. It serves as a clearinghouse for rural health issues in Hawai`i.

MEMBERSHIP BENEFITS

- Opportunities to advocate for rural health issues with decision-makers locally and nationally
- Free online newsletter subscription
- Participation in a list serve for rural health--network with other rural health supporters and stay informed of current issues and activities
- Reduced registration fee for HSRHA Events, including the Annual Conference
- Eligibility to serve on the Hawai`i State Rural Health Association Board of Directors

TO JOIN HSRHA

Complete a membership application form (attached), along with your tax-deductible membership fee:

Individuals: $20 **Organizations: $200**

Payment Options:

Option 1: Pay membership fee online:
https://hsrha.org/product-category/membership/

OR

Option 2: Make check payabel to "HSRHA" and mail to:
HSRHA Treasurer
140 Rainbow Drive
Hilo, HI 96720

VISIT OUR WEBSITE at www.hsrha.org

Hawai`i State Rural Health Association

c/o 140 Rainbow Dr., Hilo, HI 96720
FEIN: 99-0338158 IRC: 501(c)(3) Organization

PLEASE PRINT LEGIBLY

Annual
Membership Application
Calendar Year (Jan - Dec)
and
Donor Contribution Form
(100% Tax Deductible)

I-A. INDIVIDUAL: Please check one [ ] MEMBERSHIP - $20.00 [ ] DONOR

Name: ______________________________
Last First

Mailing Address: ______________________________

Occupation: ______________________________

Employer: ______________________________

Email Address: ______________________________

Phone: (Business) (Cell)

Total $

I-B. ORGANIZATION: Please check one [ ] MEMBERSHIP - $200.00 [ ] DONOR

Business Name: ______________________________

Mailing Address: ______________________________

Contact Person: ______________________________
Last Name First Name

Title: ______________________________

E-mail: ______________________________

Bus.Phone: ______________________________ ext. __________

Total $

II. COMMITTEE MEMBERSHIP (Individual & Associate): Check your interest

- ☐ By-Laws
- ☐ Communications
- ☐ Conference Planning
- ☐ Finance
- ☐ Legislative
- ☐ Membership

III. BILLING / PAYMENT OPTIONS

Total: $

Amount Paid: $ __________

☐ SEND INVOICE to Mailing Address

☐ CASH ☐ CHECK # __________

☐ PayPal option via HSRHA Website include

Username: ______________________________

TREASURER (for internal use):

[ ] Invoice [ ] Pledge Nbr. __________ Sent Date: __________ Sent By: __________ Method: __________

Payment Received Date: __________ Amount: __________ Check #: __________

Donor Acknowledgement Receipt Sent Date: __________ Sent By: __________ Method: __________

☐ Credit Payment $__________ to MEMBERSHIP DUES for Calendar Year __________ Effective: __________

☐ Credit Payment $__________ to INDIVIDUAL CONTRIB for Calendar Year __________

☐ Credit Payment $__________ to ( ) GRANTS for Calendar Year __________