



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 grassroots 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 payable 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: _____

<input type="checkbox"/>	Credit Payment \$ _____	to MEMBERSHIP DUES for Calendar Year _____	Effective: _____
<input type="checkbox"/>	Credit Payment \$ _____	to INDIVIDUAL CONTRIB for Calendar Year _____	
<input type="checkbox"/>	Credit Payment \$ _____	to () GRANTS for Calendar Year _____	