



## Branch Locations & Subsidiaries

Complete this form if your company has multiple branch locations and or subsidiaries. This information will allow NHIA to appropriately connect each member to their respective locations.

Branch  Subsidiary

**BRANCH/SUB NAME** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**PHONE** (\_\_\_\_) \_\_\_\_\_ **FAX** (\_\_\_\_) \_\_\_\_\_

**BRANCH MANAGER** \_\_\_\_\_

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Branch  Subsidiary

**BRANCH/SUB NAME** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**PHONE** (\_\_\_\_) \_\_\_\_\_ **FAX** (\_\_\_\_) \_\_\_\_\_

**BRANCH MANAGER** \_\_\_\_\_

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Branch  Subsidiary

**BRANCH/SUB NAME** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**PHONE** (\_\_\_\_) \_\_\_\_\_ **FAX** (\_\_\_\_) \_\_\_\_\_

**BRANCH MANAGER** \_\_\_\_\_

**CORPORATE OFFICE USE ONLY**

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Completed By \_\_\_\_\_ Title \_\_\_\_\_