

Company Information

Company Name: _____

Street Address: _____

City: _____

State/Province: _____

Zip: _____

Country: _____

Telephone: _____

Company Website(s): _____

Please provide information that describes your consultant service. (250 characters or less)

Select Desired Payment Method - Annual Membership Dues (\$800)

Check - Make checks payable to:

NHIA c/o United Bank

PO Box 222831

Chantilly, VA 20153-2831

Credit Card - For Secure Fax Only - 888-206-1532

Visa

Mastercard

American Express

Amount _____

Account/Card Number

Exp. Date

CVV

Zip Code

Signature (required)

Name on Card

Questions? Email NHIA's Membership team at membership@nhia.org.

Signature

Date

By signing this application, I affirm that this organization is a consulting provider and the dues category selected above correctly represents the organizations revenue derived from providing home infusion consulting services.

NHIA Dues are not deductible as charitable contributions for tax purposes but may be deductible as a business expense. The percentage of dues used for lobbying by NHIA is not deductible as a business expense. NHIA allots 10% of its dues for lobbying efforts.