

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 - Email this application to membership@nhia.org and the NHIA membership team will reach out with a secure payment link.

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

Signature

Date

By signing this application, I affirm I am an individual who is a self-employed sole consultant in the home and alternate site infusion field and not eligible for any other membership category.