

Company Information

Company Name: _____

Street Address: _____

City: _____

State/Province: _____

Zip: _____

Country: _____

Telephone: _____

Company Website(s): _____

Primary Contact for Membership

Name: _____ Job Title: _____

Telephone: _____ Email: _____

Primary Contact for Billing

Name: _____ Job Title: _____

Telephone: _____ Email: _____

Primary Contact for Marketing

Name: _____ Job Title: _____

Telephone: _____ Email: _____

Primary Contact for Human Resources

Name: _____ Job Title: _____

Telephone: _____ Email: _____

Number of Branch Locations (If multiple branches, please complete Branch Roster at end of form)

Number of Employees

Nursing Provider Membership Levels (check the category for which you are applying)

Companies that supply services to the home infusion industry by performing in-home nursing support for patients of home infusion providers may be eligible for membership. Membership dues are determined based on the following progressive schedule, according to net sales derived from providing home infusion clinical services.

- Up to \$ 1 million revenue _____ \$800 annually
- Up to \$2 million revenue _____ \$1,000 annually
- Over \$2 million and up to \$5 million revenue _____ \$2,000 annually
- Over \$5 million and up to \$10 million revenue _____ \$3,000 annually
- Over \$10 million revenue _____ \$5,000 annually

A company membership provides designated employees with access to membership benefits, including their own membership profile and login credentials for the NHIA Community and NHIA University.

*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.

NHIA name, branding, and logos are proprietary marks of the National Home Infusion Association.

Select Desired Payment Method

- 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 that this organization is a healthcare supplier and the dues category selected above correctly represents the organizations net annual sales in the alternate site and specialty infusion industry.

NHIA encourages the enrollment of all applicable staff to fully take advantage of NHIA member benefits, including continuing education, industry updates, resources and tools to enrich your teams knowledge of the home and specialty infusion industry.

To make the onboarding process seamless we are requesting a Human Resources contact to either complete the attached member roster or provide an excel list of all recommended employees to receive NHIA member benefits.

Again, there is no extra charge to give all employees access to NHIA benefits!

Recommended Staff Members to enroll in NHIA Membership Benefits:

- Sales and Business Development Professionals
- Marketing Professionals
- Healthcare Executives, Leaders and Managers
- Pharmacists
- Pharmacy Technicians
- Dietitians
- Nurses
- Reimbursement & Billing Professionals
- Interns