

## 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: \_\_\_\_\_

## Select the Most Applicable Business Structure:

- Hospital Owned or Affiliated
- Single-Site Non-Hospital Affiliated
- Multi-Site Non-Hospital Affiliated

Number of Licensed Pharmacy Locations: \_\_\_\_\_

If multiple branches please complete the Branch Roster at the end of the form.

Please Select the Most Applicable:

Ambulatory Infusion Suite or Center:  Yes  No

If Yes, Number of Infusion Suites/Centers \_\_\_\_\_

Number of Employees \_\_\_\_\_

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

Select your organization's net infusion sales to determine the provider membership dues level from the list below based upon the following definition: Net Infusion Sales refers to an organization's total net sales from infusion, injectable drugs, enteral, parenteral nutrition, and infusion specialty medications provided in the home and/or infusion center.

<input type="checkbox"/> 1st year start-up with less than \$500,000	\$800
<input type="checkbox"/> Less than \$1 million	\$1,200
<input type="checkbox"/> \$1 million - \$2.99 million	\$1,800
<input type="checkbox"/> \$3 million - \$5.99 million	\$2,500
<input type="checkbox"/> \$6 million - \$8.99 million	\$4,000
<input type="checkbox"/> \$9 million - \$11.99 million	\$5,675
<input type="checkbox"/> \$12 million - \$14.99 million	\$6,750
<input type="checkbox"/> \$15 million - \$19.99 million	\$9,000
<input type="checkbox"/> \$20 million - \$29.99 million	\$12,000
<input type="checkbox"/> \$30 million - \$49.99 million	\$18,000
<input type="checkbox"/> \$50 million - \$99.99 million	\$27,500
<input type="checkbox"/> \$100 million - \$499.99 million	\$65,000
<input type="checkbox"/> \$500 million - \$999.99 million	\$100,000
<input type="checkbox"/> \$1 billion and above	\$120,000

\*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 - 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 \_\_\_\_\_

Online Credit Card Payments - Make payment at [bit.ly/nhia-member-portal](https://bit.ly/nhia-member-portal)

**Questions? Email NHIA's Membership team at [membership@nhia.org](mailto: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