

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 NHIA-Related Invoices

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.

■ 1st year start-up with less than \$500,000	\$1,250
■ Less than \$1 million	\$1,500
■ \$1 million - \$2.99 million	\$2,100
■ \$3 million - \$5.99 million	\$3,000
■ \$6 million - \$8.99 million	\$4,500
■ \$9 million - \$11.99 million	\$6,400
■ \$12 million - \$14.99 million	\$7,500
■ \$15 million - \$19.99 million	\$10,000
■ \$20 million - \$29.99 million	\$13,500
■ \$30 million - \$49.99 million	\$20,000
■ \$50 million - \$99.99 million	\$30,000
■ \$100 million - \$499.99 million	\$65,000
■ \$500 million - \$999.99 million	\$105,000
■ \$1 billion and above	\$125,000

*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 - 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 provider 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