

WVRHA MEMBERSHIP APPLICATION



MEMBERSHIP CATEGORY (Please choose one)

Student Member (\$10)

Any individual enrolled in a training program, will have one vote in Association matters

Supporting Member (\$25)

Any individual not employed in a professional or academic capacity will have one vote in Association matters

Health or Health-Related Professional (\$50)

Any individual employed in a health or health-related position, will have one vote in Association matters

Organizational (\$250)

Any organization with three or more members is eligible for organizational membership, will have up to five votes in Association matters

**Please make checks payable to WVRHA and mail to:
WVRHA, PO Box 2073, Shady Spring, WV 25918**

CONTACT INFORMATION

Name

Company/School (if applicable)

Address

City/State/Zip Code

Telephone

Email

***Organizational Member Applicants:** Your organization is entitled to five (5) votes on WVRHA issues. Please indicate four additional names and e-mail addresses: _____

Contact us for additional information or if you have any questions
(304) 890-7017 or info@wvrha.org or visit our website at www.wvrha.org

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