



Thank you for your interest in NYSARH. Our mission is to improve the health and well-being of rural New Yorkers and their communities.

NYSARH Membership Application

____ Organizational ____ Individual ____ Student

Primary Contact Name: _____

Organization: _____

Title/Position: _____

E-mail: _____

Telephone: _____

Secondary Contact (optional) Name: _____

Title/Position: _____

E-mail: _____

Telephone: _____

Mailing Address: _____

_____ State ____ Zip _____

Type of Organization

(circle the one that best describes your organization or business)

Health Care Human Service Government
Agriculture Education Environmental
Faith-Based Other: _____

NYSARH Committees

Please select NYSARH committees in which you are interested in participating:

- Membership
- Conference Planning
- Policy

If your interest in becoming a NYSARH member is the result of someone encouraging you to do so, who may we thank for this?

Membership Dues

Select your organization's revenue*

_____	Less than \$99,999	\$125
_____	\$100,000 - \$250,000	\$140
_____	\$250,001 - \$499,999	\$150
_____	\$500,000 - \$999,999	\$160
_____	\$1 - \$2.9 million	\$175
_____	\$3 million of more	\$200

Individual Membership \$55

Student Membership \$10

Please make checks payable to **NYSARH** and mail to:
NYS Association for Rural Health
10 Kennedy Parkway, Cortland, NY 13045.

Contact:
info@NYSARH.org or 607-756-4198