



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*

_____	<\$250,000	\$150
_____	\$250,000 - \$1 million	\$175
_____	\$1 million - \$3 million	\$200
_____	\$3 million - \$5 million	\$250
_____	>\$5 million	\$300

Individual Membership \$75

Student Membership \$20

Please make checks payable to **NYSARH**
and mail to:
NYS Association for Rural Health
1 Main Street, Suite 102
Canton, NY 13617

Contact:
info@NYSARH.org or 315-379-7701