



ASSOCIATE MEMBERSHIP IN NOSORH

NOSORH is expanding its membership so we can engage more meaningfully with our partners who work to improve rural health.

WHO IS ELIGIBLE FOR ASSOCIATE MEMBERSHIP?

Any individual who supports NOSORH's mission is eligible to apply for associate membership. Examples include, but are not limited to, SORH alumni; representatives/employees of primary care associations, primary care offices, area health education centers, state rural health associations and other partner organizations; or individuals representing any other local, state or national organization or corporation that supports NOSORH's mission.

WHAT ARE THE BENEFITS OF ASSOCIATE MEMBERSHIP?

- Access to all NOSORH services including e-survey and webinars tools
- Discounted registration fees for all NOSORH meetings
- Eligibility to participate in the NOSORH Leadership Institute, Rural Health Grant-Writing Course and other training programs
- Access to, and listing on, associate member e-mail listserv
- Access to Webinars and other resources available only to members on the NOSORH Web site (www.nosorh.org)
- E-mail subscription to *The Branch* (NOSORH's monthly newsletter)
- Eligibility to receive NOSORH Recognition awards
- Eligibility to serve on committees of interest (as stated and approved on the membership application)

HOW MUCH DOES IT COST TO BECOME AN ASSOCIATE MEMBER?

Upon application approval, individuals will be assessed a \$100 dues fee to become associate members of the organization.

HOW DO I APPLY TO BECOME AN ASSOCIATE MEMBER?

The process is easy – simply fill out the application on the following page and mail it to the address listed on the application. If it's more convenient, you can also download the application from Nosorh.org "News and Events" and e-mail your application to nosorhpd@comcast.net.

HOW DO I GET MORE INFORMATION?

Visit our website at NOSORH.org or please contact

Teryl Eisinger, Director
586.739.9940
nosorhpd@comcast.net

NOSORH ASSOCIATE MEMBERSHIP APPLICATION

Date of Application: _____

Name: _____

Title (if any): _____

Organization: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

Please check the phrase that best describes the nature of your role as a NOSORH Associate Member

- Alumni
- Sponsor, corporate or consultant member
- National organization or federal agency with like interest
- State Rural Health Association with like interest
- State organization or agency with like interest
- Federally funded organization with like interest

Please check your primary interest in becoming a NOSORH Associate Member (check all that apply)

- NOSORH services, newsletter, website, webinars, e-survey or webinar tools
- NOSORH members through meetings, listservs and other opportunities to promote business opportunities with members
- Pursuit of partnership activities to improve rural America
- Engage in and have opportunity to contribute expertise and resources to NOSORH and SORHs

Please provide brief statement regarding your associate membership and how you to plan to support the NOSORH mission. Also indicate what NOSORH committee(s), if any, you would be interested in joining.

Signature of Applicant: _____

Please mail completed application to NOSORH, 44648 Mound Road, #114, Sterling Heights, MI 48314-1322, fax to (586)336-4627 or email to dpanosorh@comcast.net