



# NATIONAL ASSOCIATION OF HEALTH SERVICES EXECUTIVES

## 2019 INDIVIDUAL MEMBERSHIP DUES INVOICE\*

### NATIONAL OFFICERS 2017-2019

#### President

Richelle R. Webb Dixon, FACHE  
Vice President, Operations, Integration  
& Structure  
Catholic Health Initiatives  
Englewood, CO

#### President-Elect

Fabian A. Stone, MBA, MHA, MT (ASCP)  
Associate Vice President  
Patient Revenue Management Organization  
Duke University Health System  
Durham, NC

#### Treasurer

Al Webb, MBA  
Retired Health Consultant  
Lone Tree, CO

#### Secretary

Nichollette L. Bourgeois, MHA  
Medicare Operations Leader  
Kaiser Permanente  
Redwood City, CA

#### Parliamentarian

Darren Brownlee, MHA  
Assistant Administrator  
Johns Hopkins Medicine  
Baltimore, MD

#### Immediate Past-President

Anthony V. King, FACHE, MHSA  
President & CEO  
The Wellness Plan  
Detroit, MI

#### General Counsel

Clifford E. Barnes, Esq.  
Partner  
Epstein, Becker & Green PC  
Washington, DC

#### AT-LARGE

#### BOARD MEMBERS

Joy D. Calloway, MBA, MHSA  
President & CEO  
New Center Community Services  
Detroit, MI

#### Corwin N. Harper, FACHE

Senior Vice President/Area Manager  
Kaiser Permanente  
Modesto, CA

#### Pamela Sutton-Wallace, MPH

Chief Executive Officer  
University of Virginia Medical Center  
Charlottesville, VA

#### Early Careerist Liaison

Cachet Colvard, MHSA, MBA  
Administrative Fellow  
Cleveland Clinic  
Cleveland, OH

1050 Connecticut Avenue, NW  
5<sup>th</sup> Floor  
Washington, DC 20036  
T: 202.772.1030  
F: 202.772.1072

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Preferred Address:  Work or  Home

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

Membership Type	Dues	Amount Enclosed
<input type="checkbox"/> Retiree	\$100.00	\$ _____
<input type="checkbox"/> Personal	\$200.00	\$ _____
<input type="checkbox"/> Student Type I	\$50.00	\$ _____
<input type="checkbox"/> Student Type II	\$100.00	\$ _____
<input type="checkbox"/> Associate	\$500.00	\$ _____
<input type="checkbox"/> Chapter Dues	\$ _____	\$ _____

Chapter: \_\_\_\_\_

Balance to be processed: \$ \_\_\_\_\_ \*

#### \*ATTENTION:

**Please pay personal national dues plus local chapter dues (see attached listing).** If you are a member of an organization that is an **Institutional member** of NAHSE please disregard this invoice and notify National Headquarters of your institution at [nahsehq@nahse.org](mailto:nahsehq@nahse.org).

#### Method of Payment

Check or Money Order Enclosed (Total Amount enclosed: \$ \_\_\_\_\_)

Visa       MasterCard       American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ CVV: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Please return this form with your payment to:  
NAHSE Membership  
P. O. Box 759204  
Baltimore, MD 21275-9204  
Phone (202) 772-1030 Fax (202) 772-1072

**NATIONAL ASSOCIATION OF HEALTH SERVICES EXECUTIVES  
Local Chapter Dues**

<b>Chapter</b>	<b>Personal Dues</b>	<b>Student Dues</b>
Atlanta	\$50.00	\$25.00
Baltimore	\$35.00	--
Birmingham Regional	\$50.00	\$15.00
Central Texas	\$50.00	\$10.00
Chicago-Midwest	\$50.00	\$25.00
Connecticut	\$50.00	\$25.00
Dallas-Ft. Worth	\$30.00	\$15.00
Delaware Valley	\$50.00	\$50.00
Detroit	\$50.00	\$15.00
Golden State CA	\$40.00	\$20.00
Greater Denver	\$50.00	\$25.00
Greater Nashville	\$50.00	\$25.00
Houston	\$50.00	\$15.00
Kansas City Regional	\$50.00	\$25.00
Kentucky	\$30.00	--
Memphis	\$35.00	\$35.00
New Jersey	\$50.00	\$25.00
New York-Regional	\$35.00	\$25.00
North Carolina	\$35.00	--
Ohio River Valley	\$35.00	\$15.00
Pittsburgh	\$25.00	\$15.00
South Carolina	\$35.00	\$15.00
South Florida	\$35.00	\$10.00
Southeast Louisiana	\$25.00	\$15.00
Southern California	\$60.00	\$15.00
St. Louis	\$50.00	\$25.00
Veterans Administration Nat'l	\$50.00	\$20.00
Washington-Metro	\$60.00	\$15.00
Western Michigan	\$35.00	--