National Association of Health Services Executives
1050 Connecticut Avenue, NW • 5th Floor • Washington, DC 20036 • 202-772-1030 • 202-772-1072 Fax

Join NAHSE online! - www.nahse.org - nahsehq@nahse.org

Application for Individual Membership

Guidelines for Membership

General Guidelines

Active membership shall be available to those persons of acceptable character, education, and financial activity who are experienced employees in the health services administration field or who have executive or administrative responsibility for health care delivery, including teaching, or who are engaged in planning, consultation, legislation, publication, and other activities related to healthcare services and its delivery provided:

- such persons are not interested in NAHSE solely for personal gain or employment;
- such persons do not have or have not demonstrated moral, philosophical, or ideological views or directions and actions contrary to the goals and objectives of NAHSE; and
- Such persons remain financially active with the organization.

Membership Types

PERSONAL MEMBERSHIP

Personal members are persons with a background in one of the following categories:

- health and medical care administration having successfully completed an approved program in hospital administration, and/or health services administration, business administration, public health, medicine, economics, and other related graduate degrees deemed appropriate by the Board of Directors; or
- persons with a background in health and medical care administration and health services delivery systems having experience in these fields that can be considered adequate to have attained an in-depth knowledge of the chosen area of endeavor.

STUDENT MEMBERSHIP

Student Membership is divided into Type I and Type II.

Type I
Student members currently enrolled in an approved program in those fields mentioned in personal membership and other fields deemed appropriate by the Board of Directors. Student members are eligible for Type 1 personal membership upon the successful completion of the graduate program and having had one year's experience in his or her chosen field.

Type II
Recent graduates up to two-years post graduation working in a full-time paid position (including those in full-time paid residency or fellowship programs). This category is for a maximum of two years. Anyone with two or more years of health care experience achieved through a full-time paid position, who then returns to school, is not eligible for either Type 1 or Type 2 Student Membership. Members in this category are eligible for Personal Membership upon successful completion of the graduate program and more than two years of healthcare experience.

ASSOCIATE MEMBERSHIP

Associate members are persons or entities interested in supporting the goals and objectives of NAHSE, and are eligible to receive all services and benefits of the Chapters/Association, but not eligible to become candidates. Associate members must be members of the nearest Local Chapter in addition to being a member of the Association.

INSTITUTIONAL MEMBERSHIP

(An Institutional Membership form is required.)
Institutional members are organizations and agencies which are interested in and support the programs, aims and goals of NAHSE and are desirous of contributing to its cause,

either in the form of financial support or other in-kind aid. The rights and privileges of the institutional members are determined solely by the Board of Directors. Institutional members are members of the Local Chapter with the approval and under the guidelines set down by the Local Chapter. Institutional members are to include organizations such as hospitals, medical centers, neighborhood health centers, group practices, health insurance companies, managed care, coordinated care entities and all other such organizations supporting the purpose of NAHSE. Institutional members may indicate three individuals from their institution who will receive benefits as part of their institutional membership.

CHAPTER MEMBERSHIP

NAHSE Bylaws specify that all members of the local chapter must be personal members of the Association. Payment of Chapter dues allows you the opportunity to take advantage of the many benefits offered by the local chapter in your city or the city nearest you. Benefits include local newsletters, local educational sessions, regular meetings and many networking opportunities. Individual chapter dues for personal, associate, and student membership are listed below.

National Association of Health Services Executives

Local Chapter Dues

Chapter	Personal Dues	Student Dues
Atlanta	$50.00	$25.00
Austin	$50.00	$10.00
Baltimore	$35.00	--
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 York-Regional	$35.00	$25.00
North Carolina	$35.00	--
Northeast Ohio	$40.00	$25.00
Ohio River Valley	$35.00	$15.00
Pittsburgh	$25.00	$15.00
San Antonio	$40.00	$10.00
South Carolina	$35.00	$15.00
South Florida	$35.00	--
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	$35.00

Please type or print legibly.

I. Name

Date _____/_____/__________

Have you previously been a member of NAHSE? ❑ Yes ❑ No

Prefix ____________ First ______________________________ Middle ______________

Last ____ Suffix ______________

II. Work Information

❑ Make this my primary address for correspondence.

Preferred method of communication: ❑ Email ❑ Fax ❑ Phone ❑ Mail

Organization ____ Title ______________

Address ____ City ______________

State/Province ____ Zip/Postal Code __________

Country ____________________________________ Business Phone ______________________

Fax ____ Email ______________________________

III. Personal Information

❑ Make this my primary address for correspondence.

Preferred method of communication: ❑ Email ❑ Fax ❑ Phone ❑ Mail

Home Address ____ City ______________

State/Province ____ Zip/Postal Code __________

Country ____________________________________ Home Phone ______________________

Fax ____ Email ______________________________

IV. Educational Experience

List all academic degrees earned.

Undergraduate College/University ____

Major Subject ____ Degree (Abbrev.)________

Graduate College/University ____

Major Subject ____ Degree (Abbrev.)________

Doctoral College/University ____

Major Subject ____ Degree (Abbrev.)________

V. Professional Experience

Beginning with your most recent place of employment prior to your current position, list all previous positions in health care (up to two positions). Include residencies, fellowships, and internships.

Organization____

City ______________________________________ State/Province ____________________________

Title ______________________________________ Duration: Month/Year ______/______ to ______/______

Organization____

City ______________________________________ State/Province ____________________________

Title ______________________________________ Duration: Month/Year ______/______ to ______/______

VI. Other Professional Affiliations

List other affiliations with professional organizations, including any offices held within each organization.

Organization ______________________ Offices Held ______________________

Organization ______________________ Offices Held ______________________

Organization ______________________ Offices Held ______________________

Organization ______________________ Offices Held ______________________

VII. Membership Information and Dues

Indicate appropriate membership type and dues included. Dues are listed in U.S. dollars.

****Please Note: NAHSE Bylaws specify that all members of local chapters be personal members of the national organization. Local chapter dues are required with personal and associate membership dues.***

Dues

Membership Type	Dues	Amount Enclosed
❑ Personal*	$200	$
❑ Student Type I	$50	$
❑ Student Type II	$100	$
❑ Associate*	$500	$
SUBTOTAL	**$**	**$**
❑ Local Chapter	$	$
TOTAL	**$**	**$**

Please list your local chapter:

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Method of Payment

❑ Check or Money Order Enclosed (Made payable to the **National Association of Health Services Executives**)

❑ Visa ❑ MasterCard ❑ American Express ❑ Discover

Account Number ______________________ Expiration Date ______________

Card Holder's Name ______________________ Amount Charged $______________

Card Holder's Signature______________________ Today's Date ______________

VIII. Checklist

Please place a mark in each box

❑ Completed Application

❑ Dues

Mail Application Materials to:

National Association of Health Services Executives
P.O. Box 759204
Baltimore, MD 21275-9204