

Join NASHIA

Please print this form and complete in full. Send the completed form along with check or invoice (if applicable) to:

NASHIA Membership Fax: 205-823-4544
PO Box 1878
Alabaster, AL 35007 Email: finance@nashia.org



Name: _____ Title: _____

Organization: _____

Address: _____

City/State/ZIP: _____

Phone: _____ Fax: _____

Email: _____

Select a Payment Option: CHECK – Enclose your check and make payable to “NASHIA.” INVOICE – Please send invoice.

CREDIT CARD – Pay via our website at www.nashia.org/Join.asp I am interested in making a donation. Send me information.

Please Select your Membership Category (check one only): Questions? memberservices@nashia.org

FOR STATE/TERRITORY GOVERNMENT AGENCIES AND EMPLOYEES:

State Agency Membership (\$1,000)

This membership, for State or Territorial government, includes four (4) representative memberships (\$1,200 value) designated by the agency or agencies. Designees can be from various agencies within the State or Territory. Representative memberships can be transferred to others within the State or Territory. States, Washington, DC or Territories may purchase multiple State Agency Memberships. *Please complete the back of this form with representation information.

Individual Full Membership (\$300)

This membership is available to any individual employed by a State or Territorial government to include program directors, program staff, emerging leaders, those with interest in head injury and more.

Retiree Membership (\$175)

This membership is for individuals who have retired from service with a State or Territorial government and are not currently employed by a Supporting member organization. This unique tier of membership is for those interested in continuing their legacy in the field of head injury and mentoring emerging leaders in State or Territorial governments.

FOR SUPPORTING INDIVIDUALS AND ORGANIZATIONS (NON-STATE AGENCIES):

Individual Associate Membership (\$200)

This membership is for individuals employed with a business or organization (except for State or Territorial governments) with an interest in prevention, public policy, treatment, rehabilitation, community-integration and service coordination within the field of head injury including administrators and program staff of national and community-based non-profit organizations, medical and rehabilitation providers, researchers and business owners with state and federal contracts.

Supporting Organization Membership (For Profit: \$1,500; Non-Profit \$1,000)

This membership is for organizations, non-State agencies, or corporations with an interest in prevention, public policy, treatment, rehabilitation, community-integration and service coordination with the field of head injury. Each organization membership includes three (3) Individual Associate Memberships as well as marketing exposures on the NASHIA website, an annual feature in a NASHIA newsletter, and the first opportunity to be a sponsor at the annual conference. Those organizations interested may be non-profit head injury organizations, rehabilitation hospitals, residential service providers, therapeutic service providers, universities and supply companies (assistive technology, durable medical equipment, etc.). *Please complete the back of this form with representation information.

Student Membership (\$50)

This membership is for individuals who are currently enrolled in a high school or post-secondary institution (transcript verification required). Students with an interest in head injury will benefit from networking with leaders in the field and learning more about becoming a future leader.

Benefactor Membership (\$2,000+)

This membership is for a person or organization/business/association with interest in prevention, public policy, treatment, rehabilitation, community-integration and service-coordination within the field of head injury that recognizes the value of NASHIA's efforts and contributes \$2,000 or more. Benefactor's generosity will strengthen NASHIA's mission to assist States in promoting partnerships and building systems to meet the needs of individuals with head injury and their families.



National Association of State Head Injury Administrators

Please complete contact information for REPRESENTATIVE MEMBERS associated with:

- 1) a State Agency Membership (4 total representative members) ; or
- 2) a Supporting Organization Membership (3 total representative members).

Member Name: _____ Title: _____

Organization: _____

Address: _____

City/State/ZIP: _____

Phone: _____ Fax: _____

Email: _____

Member Name: _____ Title: _____

Organization: _____

Address: _____

City/State/ZIP: _____

Phone: _____ Fax: _____

Email: _____

Member Name: _____ Title: _____

Organization: _____

Address: _____

City/State/ZIP: _____

Phone: _____ Fax: _____

Email: _____

Member Name: _____ Title: _____

Organization: _____

Address: _____

City/State/ZIP: _____

Phone: _____ Fax: _____

Email: _____