

Platinum, Premier, and Standard Supporting Member Application

I ORGANIZATION INFORMATION

Organization _____

Corporate Address _____

City _____ State _____ Zip _____

Main Phone _____ Website _____

Organization Description _____

II PRIMARY MEMBERSHIP CONTACT

Name _____

Title _____ Department _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

III EXHIBIT CONTACT

Name _____

Title _____ Department _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____



MEMBERSHIP CATEGORY

Membership in NHCAA as a Supporting Member is available to any corporation, partnership, association, or other institution or organization which (i) does not qualify as a Member Organization or an Affiliate Member, and (ii) undertakes to support the purposes of NHCAA as set forth in its Certificate of Incorporation and Bylaws, or has principles and purposes compatible with the principles and purposes of NHCAA, as determined by criteria established by the Board of Directors.

MEMBERSHIP LEVELS	ANNUAL DUES
<input type="checkbox"/> Platinum Supporting Member	\$25,000
<input type="checkbox"/> Premier Supporting Member	\$19,000
<input type="checkbox"/> Standard Supporting Member	\$7,000

Membership Dues to be Paid
\$ _____

IV PAYMENT INFORMATION

Check (Check Enclosed) Credit Card: AmEx Discover MC Visa Purchase Order #: _____

Credit Card Account # _____ Exp _____

Cardholder Name (Print) _____ Security Code _____

Billing Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

I understand that by providing these mailing addresses, email addresses, and telephone and fax numbers, I give consent for myself and the other contacts provided to receive communications sent by or on behalf of the National Health Care Anti-Fraud Association (NHCAA) or The NHCAA Institute for Health Care Fraud Prevention (The NHCAA Institute) via regular mail, email, telephone or fax.

Print Name _____

Signature _____ Date _____

V RETURN THIS COMPLETED FORM BY MAIL OR BY SECURE FAX:

NATIONAL HEALTH CARE ANTI-FRAUD ASSOCIATION

1220 L Street NW, Suite 815
Washington, DC 20005

Phone: 202.349.7984
Secure Fax: 202.785.6764*

Email: nhcaa@nhcaa.org
Web: www.nhcaa.org

*Applications can be faxed if paying by American Express, Discover, MasterCard, and Visa