Welcome to **The National Association of Health Access Assisters (NAHAA)** your new, professional association for health access assistance. We are here to support you! Complete the application below for organizational membership and join other assisters in learning, sharing and growing to assist consumers to gain, use and retain high quality health care and coverage.

NAHAA Membership Application

Organization Full Name:	C.E.O or Executive Director Name, Exact Title:	
Agency Representative:		
Title:		
Full Address including City/State/Zip Code:		
Email:	Phone:	Website:
Secondary Contact:	Title:	
Email:	Phone:	Fax:
Your organization serves: ☐ City ☐ County ☐State ☐National		
Your organization is: ☐ Nonprofit ☐ Private ☐ Coalition ☐ Other (Please explain)		
Organization Type (check all that apply): ☐ Advocacy/Policy ☐ Education ☐ Government/Public Sector ☐ Tribal ☐ Foundation/Funder ☐ Employer/Business ☐ Health Plan ☐ Other (please specify): ☐ Community-based ☐ Faith-Based ☐ Provider (e.g. hospitals, clinics)		

Name of referring NAHAA member organization / individual, if applicable:

Interest areas:

☐ Membership ☐ Communications
☐ Leadership ☐ Fund Development
☐ Policy and Advocacy ☐ Conference planning

Age Ranges served:
Languages Served:
Tax I.D. and/or name of Fiscal Sponsor (not required):

☐ I hereby submit this membership application on behalf of my organization and authorize NAHAA to include my organization name and basic contact information including address, phone number and website (if applicable) on the online membership map as a service to the public.

Name:

Title:

Initials:

Date:

Annual Member Dues

Annual Budget	Annual Member Dues
$0 to $200,000	$250
$200,001 to $1 MM	$500
$1 MM to $5 MM	$2,000
Over $5 MM	$3,000
Affiliate Member (for-profit, corporations, commercial health plans)	$5,000

Payment of dues is based upon your health program budget as set forth by your organization and are annual. Payment of dues is a public vote of confidence in the work of NAHAA, expresses commitment to our mission to support the profession, and strengthens our reach, influence and impact. Dues are collected annually, please notify NAHAA if your organization requires an invoice in order to process your payment ***or you are unable to pay due to organizational hardship.*** Dues are paid to The National Association of Health Access Assisters (NAHAA) and send to 1107 9th St., Suite 601, Sacramento, CA 95814

Your organization's founding membership in the National Association of Health Access Assisters is a critical first step in recognizing the profession and the progress the profession has made in helping consumers access affordable, quality health coverage.

Thank you and we look forward to your continued support and commitment to NAHAA!