



MEMBERSHIP LEVEL	
<input type="checkbox"/>	Healthcare Organization Member
<input type="checkbox"/>	Affiliate Member

Membership Application

Please complete the form as much as possible. Skip the positions your facility does not staff.
 Email the following items to **mellie@arruralhealth.org** and **lynnhawkins@arruralhealth.org**:

- One-page informational document (PDF file)
- High-resolution company logo (300dpi .jpeg, .png or .eps or vector [preferred] file)
- High-resolution photo of the Chief Executive Officer (300dpi .jpeg, .png or Photoshop [preferred] file)
- One-page bio and CV for the Chief Executive Officer (PDF file)
- High-resolution photo of the main facility building (300dpi .jpeg, .png or Photoshop [preferred] file)

ORGANIZATION NAME					
EIN #			DUNS #		
ADDRESS			CITY	STATE	ZIP
FACILITY TYPE	<input type="checkbox"/>	RURAL HOSPITAL	<input type="checkbox"/>	FEDERALLY QUALIFIED HEALTH CENTER	<input type="checkbox"/> OTHER HEALTH AGENCY
DESIGNATION	<input type="checkbox"/>	NON-PROFIT	<input type="checkbox"/>	501c3 ORGANIZATION	<input type="checkbox"/> FOR-PROFIT
ACUTE CARE HOSPITAL	<input type="checkbox"/>	CRITICAL ACCESS	<input type="checkbox"/>	CANCER	<input type="checkbox"/> INDIAN HEALTH SERVICE
	<input type="checkbox"/>	MEDICARE-DEPENDENT	<input type="checkbox"/>	RURAL REFERRAL CENTER	<input type="checkbox"/> SOLE COMMUNITY
	<input type="checkbox"/>	PROSPECTIVE PAYMENT SYSTEM			
SPECIALTY HOSPITAL	<input type="checkbox"/>	LONG-TERM ACUTE CARE	<input type="checkbox"/>	CHILDREN'S REHABILITATION	<input type="checkbox"/> PSYCHIATRIC
	<input type="checkbox"/>	RELIGIOUS HOSPITAL			
NUMBER OF STAFF	<input type="checkbox"/>	CLINICAL	<input type="checkbox"/>	NON-CLINICAL	
BED COUNT					
RURAL/URBAN DESIGNATION	<input type="checkbox"/>	RURAL	<input type="checkbox"/>	URBAN	
NUMBER OF HEALTH CENTER SITES OR NUMBER OF HOSPITAL-OWNED OR AFFILIATED CLINICS					

ADMINISTRATOR AND CHIEF EXECUTIVE OFFICER				
ADDRESS		CITY	STATE	ZIP
PHONE	MOBILE	EMAIL		
ORGANIZATIONAL REPRESENTATIVE FOR ARHP MEMBERSHIP				
ADDRESS		CITY	STATE	ZIP
PHONE	MOBILE	EMAIL		
• AR SAVES STROKE EDUCATION CLINICAL				
PHONE		EMAIL		
• MARKETING/ OUTREACH				
PHONE		EMAIL		
• COMMUNITY HEALTH NEEDS ASSESSMENT				
PHONE		EMAIL		
• BUSINESS OFFICE				
PHONE		EMAIL		
• CFO/ FINANCE DIRECTOR				
PHONE		EMAIL		
• CNO				
PHONE		EMAIL		
• COMPLIANCE OFFICER				
PHONE		EMAIL		
• ADMINISTRATIVE ASSISTANT TO THE CEO				
PHONE		EMAIL		
• HUMAN RESOURCES/ EMPLOYEE BENEFITS				
PHONE		EMAIL		

• EMERGENCY ROOM DIRECTOR	
PHONE	EMAIL
• INFECTION CONTROL/ EMPLOYEE EDUCATION	
PHONE	EMAIL
• IT DIRECTOR	
PHONE	EMAIL
• L&D MANAGER	
PHONE	EMAIL
• LAB DIRECTOR	
PHONE	EMAIL
• MATERIALS MANAGEMENT	
PHONE	EMAIL
• MEDICAL RECORDS	
PHONE	EMAIL
• MED SURGE MANAGER	
PHONE	EMAIL
• NURSE/PHYSICIAN EDUCATION	
PHONE	EMAIL
• PHARMACY	
PHONE	EMAIL
• PLANT OPERATIONS/ MAINTENANCE	
PHONE	EMAIL
• REVENUE CYCLE MANAGEMENT	
PHONE	EMAIL

• RISK MANAGEMENT	
PHONE	EMAIL
• SOCIAL SERVICES	
PHONE	EMAIL
• QI	
PHONE	EMAIL
• RADIOLOGY DIRECTOR	
PHONE	EMAIL
• RESPIRATORY THERAPY DIRECTOR	
PHONE	EMAIL
• BEHAVIORAL HEALTH	
PHONE	EMAIL
• OTHER	
PHONE	EMAIL
• OTHER	
PHONE	EMAIL
• OTHER	
PHONE	EMAIL