



# Membership Application Form

## Membership Categories:

- Organization (Organizational dues are based on operating budget, please indicate on chart below)  
 Community Member Dues: \$30.00  
 Student Dues: \$25.00

**Current members: if an invoice is requested before payment is made, please email [chemenway@nchcnh.org](mailto:chemenway@nchcnh.org) and we will forward an invoice for the amount indicated below.**

Operating Budget	Dues	✓
<b>Less than \$250,000</b>	<b>\$125</b>	
<b>\$250,001-\$500,000</b>	<b>\$175</b>	
<b>\$500,001-\$1,500,000</b>	<b>\$250</b>	
<b>\$1,500,001-\$3,000,000</b>	<b>\$375</b>	
<b>\$3,000,001-\$5,000,000</b>	<b>\$425</b>	
<b>\$5,000,001-\$10,000,000</b>	<b>\$500</b>	
<b>\$10,000,001-\$20,000,000</b>	<b>\$600</b>	
<b>Over \$20,000,000</b>	<b>\$650</b>	

Please complete this form and return it with your payment to NCHC at the address below.

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Agency: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Return to:**  
**North Country Health Consortium**  
**Attn: Membership**  
**262 Cottage Street, Suite 230**  
**Littleton, NH 03561**

**NCHC is a non-profit 501(c)3 organization.**  
**EIN: 02-0503184**