



## 2019 MEMBERSHIP FORM

**SAVE Money When Paid by March 1, 2019**

*Check Which Membership Level Best Fits Your Program Needs*

<input type="checkbox"/> Corporate/Institutional	<del>(\$599)</del> (Now \$539.00) <i>(Includes 10 People from Your Company Under 1 Membership)</i>
<input type="checkbox"/> Single/Individual	<del>(\$299)</del> (Now \$269.00)
<input type="checkbox"/> Vendor	<del>(\$799)</del> (Now \$699.00) <i>(Includes 20 People from Your Company; your company name/logo &amp; summary promoting your business listed on NAOHP website; access to membership directory, listed in VISIONS publications; Exhibitor Booth Discount at Nat'l Conference)</i>

Check One:     New Membership    **OR**     Renewal Membership

Your Name: \_\_\_\_\_ Your Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Your Email: \_\_\_\_\_

(Provide each additional member's name/title/email)

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

**3 Options of Payment**

1.    Pay by Credit Card:     Visa     Master Card     AMEX     Discover  
 Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
*A receipt will be emailed to you once payment is processed    W-9 Provided Upon Request*
2.    Pay By Phone: Call 800-666-7926
3.    Pay By Check: \_\_\_\_\_ Check Payable to: NAOHP    Mail to: 8389 Doubletree Drive North, Crown Point, IN 46307  
**Any questions pertaining to membership:** Call: 800-666-7926    **or** Email: [info@naohp.com](mailto:info@naohp.com) or [cross@naohp.com](mailto:cross@naohp.com)