



Corporate Membership Application

Welcome to NAHTM!

Corporate membership in the National Association of Healthcare Transportation Management, Inc. allows a number of representatives from the same company to join NAHTM, Inc for a reduced fee. Corporate membership is extended those individuals employed in a manufacturing, software, outsource and/or consulting capacity. Corporate membership is not intended for hospital based Patient Transportation Managers.

Benefits

- Primary contact receives all benefits of full membership, including receipt of newsletter and full access to web services, including members' section and member forum of website www.nahtm.org
- Additional company members also have full access to web services, including members' only section and forum.

Membership Fees

The primary contact pays only \$250.00 for an annual membership; unlimited additional members can join for only \$75.00 per year, per person. This brings significant savings to your organization while providing the benefits of NAHTM membership to your professionals.

1 (one) Corporate Membership/ Primary Contact..... 250.00

 Additional Corporate Members at 75.00/year/person..... _____

TOTAL: _____

Primary Contact Information (additional members use attached sheet)

Company Name: _____

Primary Contact: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Method of Payment

Check or Money order Made payable to NAHTM

Credit Card via Pay Pal on www.nahtm.org

Mail your completed application to NAHTM, c/o Cathleen Thom, St Luke's MVRMC, Box 409, 650 Addison W, Twin Falls, ID 83303. Submit online to cathleent@mvrmc.org



Additional Corporate Members:	Company: _____
	Primary Contact: _____

Name: _____

Address: _____

City/State/ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____
.....

Name: _____

Address: _____

City/State/ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____
.....

Name: _____

Address: _____

City/State/ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____
.....

Name: _____

Address: _____

City/State/ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Duplicate Form as Needed

Note: The Primary Contact must remain on active status for additional members to renew and remain at the 75.00 rate