

Membership Application

About the NC Rural Health Leadership Alliance

- The North Carolina Rural Health Leadership Alliance (NCRHLA) is a coordinated network of administrative leaders and experienced practitioners representing rural health organizations and individuals with committed focus and interest in improving rural health throughout the state of North Carolina.
- The purpose of the NCRHLA is to improve the health of rural North Carolinians through education and strategic partnerships.
- The NCRHLA hosts quarterly membership meetings. Additionally, the NCRHLA coordinates work groups to meet as needed to carry out the work of the NCRHLA. Guests are welcome at membership and work group meetings at the invitation of NCRHLA members.

Membership Policy

- The core source of membership to the NCRHLA will come from nonprofit and government organizations involved in addressing rural health issues in the state of North Carolina.
- Each member organization will designate one representative from the organization as a voting member of the NCRHLA. An alternate representative can also be designated to vote in the absence of the primary voting member.
- In addition to the designation of its voting and alternate voting members, a member organization may list other organizational representatives to receive NCRHLA announcements and to participate in NCRHLA work groups.

Membership Application Process

- Organizations interested in membership with the NCRHLA will complete and submit this membership application. The application will be reviewed and voted on by the current NCRHLA voting membership in consideration of the NCRHLA's current membership makeup, resources, and work group activity. To obtain membership, a favorable vote of a minimum of 75% is required.
 - In the event of a vote in favor of membership, an organization will receive a letter with notification of the membership's decision, and membership will begin at the moment the organization is notified.
 - In the event of a vote against membership, an organization will receive a letter with notification of the membership's decision including details regarding eligibility to re-apply for membership in the future.

Instructions

Please complete the prompts on the following pages. Required sections are marked with an asterisk (*).

Please submit your completed application to Rachel Presslein using one method below:

Email: rachel.presslein@foundationhli.org

Fax: 919-535-3604

Mail: 2401 Weston Parkway, Suite 203, Cary, NC 27513.

Membership Application

***Organization's Information**

Name of Organization:

Physical Address of Organization:

Mailing Address of Organization:

Web Address of Organization:

Organizational Mission Statement:

Rural Counties and/or Geographic Regions Served:

Key Focus Areas or Programs relative to Rural Health:

Please discuss the potential ways in which your organization can assist the NCRHLA in forwarding the recommendations of the NCIOM Rural Health Action Plan:

(see plan at: <http://www.nciom.org/task-forces-and-projects/?task-force-on-rural-health>)

***Organization's Voting Representative**

Name:

Title:

Phone Number:

Email Address:

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Organization's Alternate Voting Representative

Name:

Title:

Phone Number:

Email Address:

Other Information

How did you learn of the NCRHLA?

***Signature**

Signature of Proposed Voting Representative:

Date of Signature:

Thank you for your interest in joining the NCRHLA.

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