

Membership Application



NC RURAL HEALTH LEADERSHIP ALLIANCE

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, advocacy 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.
- All member types may vote at membership meetings, serve on the Steering Committee, and participate on all work groups.

Membership Application Process

- Organizations interested in membership with the NCRHLA will complete and submit this membership application.
- Membership is open to any organization, business, agency, nonprofit, individual that supports the vision, mission, purpose and principles of NCRHLA.
- Annual dues are for a calendar year (Jan. 1 – Dec. 31). A hardship provision is available if any interested parties are unable to pay the full membership dues.

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Instructions

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

*Member Information

Name/Name of Organization:

Mailing Address:

Web Address of Organization (if applicable):

Type of Organization (circle the one that best describes your organization or business)

Health Care

Agriculture

Environmental

Human Service

Education

Faith-Based

Government

Other: _____

Organizational Mission Statement:

Rural Counties and/or Geographic Regions Served:

Key Focus Areas or Programs relative to Rural Health:

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*Voting Representative

Name: _____ Title: _____
Phone Number: _____ Email Address: _____

Alternate Voting Representative

Name: _____ Title: _____
Phone Number: _____ Email Address: _____

*Membership Type

- Organization \$200
Individual \$50
Retiree \$20
Student \$20

****Please make all checks payable to FHLI****

Mail completed applications and membership payment to:

**FHLI
Attn: Palma Fouratt
2401 Weston Parkway
Suite 203, Cary, NC 27513**

*Signature

Signature of Proposed Voting Representative: _____

Date of Signature: _____

Thank you for your interest in joining the NCRHLA.