

Please list additional staff to be added to your NHIA membership.

Dr. Ms. Mr. Full Name: _____

RPh PharmD RN Other _____

Company (must be same as company on application): _____

Check here if Company name and contact is the same as listed on application

Job Title: _____

Street Address: _____

Company Address Only _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-Mail: _____

Dr. Ms. Mr. Full Name: _____

RPh PharmD RN Other _____

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Check here if Company name and contact is the same as listed on application

Job Title: _____

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Company Address Only _____

City: _____ State: _____ Zip: _____

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Dr. Ms. Mr. Full Name: _____

RPh PharmD RN Other _____

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Check here if Company name and contact is the same as listed on application

Job Title: _____

Street Address: _____

Company Address Only _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-Mail: _____

Primary Job Function (check one)

- Billing/Reimbursement – A/R Manager
- Case Manager
- Consultant
- Dietician
- Discharge Planner
- Educator
- Financial Officer
- Government
- Human Resources Professional
- Manager

- Nurse
- Operations
- Owner/CEO
- Pharmacist
- Pharmacy Technician
- Physician
- Retired
- Sales & Marketing Professional
- Student
- Technology/IT
- Trustee/Board of Director
- Other

This is the appropriate employee to contact regarding the following NHIA communications or activities:

- Legislative/Government Affairs
- Sales/Marketing
- Day-to-day Operations Manager
- Membership
- Primary Pharmacy Clinician
- Nursing Supervisor

Primary Job Function (check one)

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- Dietician
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- Nursing Supervisor

Please make copies of this form to add additional staff.



Branch Locations & Subsidiaries

Complete this form if your company has multiple branch locations and or subsidiaries. This information will allow NHIA to appropriately connect each member to their respective locations.

Branch Subsidiary

BRANCH/SUB NAME _____

MAILING ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

PHONE (____) _____ **FAX** (____) _____

BRANCH MANAGER _____

Branch Subsidiary

BRANCH/SUB NAME _____

MAILING ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

PHONE (____) _____ **FAX** (____) _____

BRANCH MANAGER _____

Branch Subsidiary

BRANCH/SUB NAME _____

MAILING ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

PHONE (____) _____ **FAX** (____) _____

BRANCH MANAGER _____

CORPORATE OFFICE USE ONLY

Date ____ / ____ / ____

Completed By _____ Title _____