

NAME MEMBERSHIP APPLICATION

Name: _____ Title: _____

School District, Agency or Organization: _____

Mailing Address: _____ City: _____ State: _____

Zip: _____ Phone Number: _____ Email Address: _____

[NAME will use this email address to send member notifications]

Select the NAME Membership Category that describes you (\$50.00 per person)

- Local Education Agency** [A public board of education or other public authority legally within a State who performs a services function for; local or intermediate school districts, county office of education, regional education services center, etc. and does *not* function as a Medicaid billing agent.]
- State Education Agency** [State Education Agency or State Education Resource Center which does *not* function as a Medicaid billing agent.]
- State Medicaid Agency** [State Medicaid Agency, State Department of Health, etc.]
- Associate Membership** [An agency/organization interested in or company that provides services/supports for school health, Special Education or Medicaid in Education, or functions as a Medicaid billing agent.]

NAME Regions (please select one)

- Region 1:** Connecticut, Delaware, District of Columbia, Kentucky, Maryland, Massachusetts, Maine, New Hampshire, New Jersey, New York, North Carolina, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia
- Region 2:** Alabama, Arkansas, Florida, Georgia, Illinois, Indiana, Iowa, Louisiana, Michigan, Minnesota, Missouri, Ohio, Mississippi, Oklahoma, Texas, Puerto Rico, US Virgin Islands, Wisconsin
- Region 3:** Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Utah, Washington and Wyoming

Payment Method

- Enclosed is my check, made payable to NAME, Inc.

Send to: NAME, Inc.

c/o Jennifer Haase
3710 Old Savannah Dr.
Kalamazoo, MI 49009

- Please charge my _____ MasterCard _____ Visa

Card Number: _____ Exp. Date: _____ Security Code: _____

Signature: _____

Please note: Membership Fees are non-refundable and cannot be paid in installments.

THANK You for your interest in NAME!

To save time, join online at www.medicaidforeducation.org

Questions or Comments? Email info@medicaidforeducation.org

N A M E

National Alliance for Medicaid in Education, Inc.

Federal Tax ID # 20-1665471