

# 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, NAME Treasurer  
310 Thomas Street  
Allegan, MI 49010

- 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](http://www.medicaidforeducation.org)

Questions or Comments? Email [info@medicaidforeducation.org](mailto:info@medicaidforeducation.org)



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