

# MEMBERSHIP APPLICATION

**RENEWAL** 

NEW MEMBERSHIP

#### **CONTACT INFORMATION**

Prefix (ex. Dr. Mr. Ms.)	First Name		M.I	Last Name	
Organization					
Position/Title			Division		
Mailing Address					
City		State			ZIP Code
Telephone		Email			

### Would you be interested in serving on one of the following NASOMH Board Committees?

Membership Resource Development Policy and Planning Marketing and Publicity Nominations

#### **TYPE/BENEFITS AND DUES:**

All memberships begin on the day it is purchased and is valid for 365 days.

#### **INDIVIDUAL (BASIC):**

This membership type is open to individuals in the categories defined. It includes access to webinars and training, the NASOMH e-newsletter, an electronic database of State Office of Minority Health directors and contacts, and website access to career and job postings.

**Student membership (\$50.00)** is open to undergraduate and graduate students interested in minority health, health equity, and eliminating racial and ethnic health disparities. This membership <u>does not</u> have voting rights.

**Retiree membership (\$50.00)** is open to retired individuals who previously served in a minority health/health equity capacity within a state office. This membership is eligible to seek a board position and is only eligible to vote if serving on the board.

**Associate membership (\$100.00)** is open to any individual of an organization that supports the mission of NASOMH. This membership has voting rights.

# STATE AND TERRITORIAL OFFICES OR ENTITIES

# \$500.00 per year

This membership type includes eligibility for nomination to the NASOMH Board; regular voting membership on all matters before NASOMH; access to the NASOMH President; waived registration to in-person membership meetings; advocacy with U.S. Department of Health and Human Services Office of Minority Health, and Regional Health Equity Officers; grant guidance; technical assistance for office sustainability, and educating legislators on the vitality and value of State Offices of Minority Health and Health Equity; access to free webinars, and virtual training with NASOMH partners; addition to state profiles; career/job board posting privileges, NASOMH e newsletter, and website access.

#### ASSOCIATION \$500.00 per year

This membership type is designed for organizations with 50 or fewer employees interested in minority health, health equity, and eliminating racial and ethnic health disparities. This membership includes all benefits of individual membership in addition to express access to the NASOMH President, waived registration to in-person membership meetings, advocacy with HHS/OMH and Regional Health Equity Officers, and webinars on best practices. This membership has voting rights on some matters before NASOMH.

### INSTITUTIONAL \$1,000.00 per year

Institutional membership is designed for larger organizations that support the mission of NASOMH. This membership type includes all benefits of individual membership in addition to express access to the NASOMH President, waived registration to in-person membership meetings, advocacy with HHS/OMH and Regional Health Equity Officers, webinars on best practices, use of the NASOMH logo as a partnership, and career/job board posting privileges. This membership has voting rights on some matters before NASOMH.

# PAYMENT INFORMATION:

Check or money order enclosed. **Do not send cash.** Checks or money orders should be made payable to the National Association of State Offices of Minority Health and mailed to: **NASOMH, P.O. Box 32092, Columbus, OH 43232-0092** 

ACH transfers are electronic, bank-to-bank money transfers processed through the Automated Clearing House (ACH) Network. To process an ACH transfer payment or credit card payment or need assistance with other types of payments, please contact our Financial Officer, Lisa Stafford, at <a href="mailto:nasomh02@gmail.com">nasomh02@gmail.com</a>

Revised: 7/25/2025