



MEMBERSHIP INVITATION



one voice together

The **groundwork** of all **happiness** is good health.

our purpose

PROVIDING EDUCATIONAL AND NETWORKING OPPORTUNITIES FOR INDIVIDUALS INVOLVED WITH FEDERALLY-CERTIFIED HEALTH CLINICS IN MISSOURI.

Our network of voices brings the real world experience of rural health clinic practice to federal and state policy makers.

- + We study, discuss and exchange professional knowledge, expertise and ideas with regard to federally certified rural health clinics.
- + We promote high standards for quality patient care.
- + We stimulate interest in continuing education for rural health clinic health providers.
- + We improve access to quality health care through the establishment of federally certified rural health clinics and through cooperative efforts with other professional health care organizations and individuals.
- + We promote and maintain communication and cooperative relations with other professional health care organizations.

learn more

Call 573-635-5090 // Email info@marhc.org
Go online to marhc.org

build relationships expand community

our story

The MARHC is a not-for-profit corporation, founded in 2000 by rural health clinic professionals committed to providing a forum to exchange information specific to federally-certified rural health clinics. We are dedicated to opening doors by acting as one voice throughout Missouri.

Working in conjunction with the National Association of Rural Health Clinics, we focus strictly on rural health clinic issues. The MARHC works with state and national agencies and rural health allies to promote, expand and protect the rural health clinic program.

The MARHC Board of Directors is composed of dedicated individuals that have a strong commitment and understanding of rural health care in Missouri's communities. Members have been chosen by their peers to serve on the board and can be viewed online at marhc.org.

one voice together

Join the MARHC network of voices. We bring the real world experience of rural health clinic practices to federal and state policy makers.

options

VOTING MEMBER

A rural health clinic that identifies an individual who shall serve as the clinic's representative.

ASSOCIATE/ NON-VOTING MEMBER

An individual who is neither the owner nor an employee of a rural health clinic but who has an interest in the work of the state chapter.

HONORARY MEMBER

One who has rendered notable service to the State Chapter and is approved by the State Chapter upon recommendation of the State Chapter's Board of Directors.

benefits

NETWORKING

Networking opportunities with other rural health clinic providers, state agency officials and businesses serving rural health clinics. You also receive a membership directory along with a quarterly newsletter.

CONFERENCES

Attend spring and fall conferences at reduced member rates.

REPRESENTATION

Representation at the state and federal level on issues pertaining to rural health clinics.

your options

To join, please read about your options below and complete our membership application. For additional information on the benefits of MARHC membership, please call 573-635-5090, email info@marhc.org or go online to marhc.org.

MEMBERSHIP YEAR

The membership year for MARHC runs from January 1 through December 31 each year. Renew membership by February 15 and receive a 5% discount. Membership fees must be received by date to be eligible for the early bird discount.

MEMBERSHIP FEE CALCULATION

MARHC membership is calculated using two factors:

- + A base membership fee of \$250
- + Plus a fee of \$65 for each full-time clinician or provider if the clinic has more than two

The base membership rate includes two clinicians or providers. For the purpose of membership, MARHC regards a clinician or provider as a: Physician, Physician Assistant, Nurse Practitioner, Certified Nurse Midwife or Licensed Clinical Social Worker. If you are a large organization that has more than 50 full-time RHC clinicians cumulatively, than you only pay a flat fee of \$3,500.

Please keep in mind that this structure is based on the number of employees your organization has as a whole. If you are a provider-based clinic, your parent company will need to complete this membership and submit information based upon the clinicians employed at all of their RHC locations. All clinics under that parent company are then considered members. If you are an independent clinic with multiple sites, you will need to base your membership dues off of the clinicians employed at all RHC locations.

To decide how many full-time clinicians you have, consider the number of hours they work at all sites. For example, if you have a clinician who is a full-time employee but divides their time equally between five clinics, that would be one full-time clinician.

JOINT MEMBERSHIP

New this year, MARHC and the National Association of Rural Health Clinics (NARHC) are offering a joint membership opportunity. Clinics joining or renewing membership with MARHC will receive a \$100 discount off their NARHC membership dues (for first clinic only).

To take advantage of this offer, when submitting your membership information and payment, include \$350 payment for your initial clinic and \$130 for each additional clinic. Upon receipt of information and funds to MARHC, we will coordinate with NARHC to finalize your NARHC membership.

MEMBERSHIP CALCULATION SHEET

- CLINIC BASE FEE // INCLUDES TWO PROVIDERS**
\$250 SUBTOTAL _____
 - ADDITIONAL PROVIDERS**
\$65 EACH // QUANTITY _____ SUBTOTAL _____
 - LARGE ORGANIZATION // 50+ FULL-TIME PROVIDERS**
\$3500 SUBTOTAL _____
 - NARHC MEMBERSHIP // FIRST CLINIC**
\$350 SUBTOTAL _____
 - ADDITIONAL NARHC CLINICS**
\$130 EACH // QUANTITY _____ SUBTOTAL _____
- TOTAL _____

MARHC COMMITTEES

MARHC offers a wide variety of ways to get involved within the organization including committees that you and anyone from your staff may join. To join the conference, by-laws, legislative, membership or nominating committee please write the names and email information of those interested below:

membership form

Clinic Name:

Address, City, State, Zip Code:

Phone Number:

Fax Number:

Website:

Clinic Status: Independent Provider-Based // For-Profit Non-Profit

Clinic Contact Names:

Number of providers in your clinics:

Physicians _____ NPs _____ PAs _____ Psychologist _____ MSWs _____ LPCs _____

affiliate clinic information

Parent-Provider / Corporation Name:

Parent-Provider / Corporation Address, City, State, Zip Code:

Send Mailings to Parent-Provider / Corporation : Yes No

payment

Please remit check with application to
MARHC, EO. Box 296, Jefferson City, MO, 65102:

Check Number:

Amount Total:

_____ \$ _____

Please make checks payable to MARHC

Please charge to my:

MasterCard

Visa

Debit Card

Card Number:

Security Code:

Expiration Date:

Amount Total:

_____ \$ _____

Name as it Appears on Card:

Signature:

authorization

Submission of this form and payment is an agreement to accept the membership stipulations. Contributions or gifts to MARHC are not tax deductible as charitable contributions for income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses to restrictions imposed as a result of association lobby activities. MARHC estimates the non-deductible portion of your dues. The portion allocated for lobbying is 25 percent.