NHCAA
National Health Care Anti-Fraud Association®

1220 L Street NW
Suite 815
Washington, DC 20005

NHCAA INSTITUTE EST. 2000
ACCREDITED AHFI HEALTH CARE FRAUD INVESTIGATOR

Platinum, Premier, and Standard Supporting Member Application

Organization ____________________

Address ____________________

City ____________________ State ____________ Zip ____________

Phone____________________ Fax ____________________

Email ____________________ Organization Website ____________________

PRIMARY MEMBERSHIP CONTACT

Name____________________

Title ____________________ Designation ____________________

Address ____________________

City ____________________ State ____________ Zip ____________

Phone____________________ Fax ____________________

Email ____________________

EXHIBIT CONTACT

Name____________________

Title ____________________ Designation ____________________

Address ____________________

City ____________________ State ____________ Zip ____________

Phone____________________ Fax ____________________

Email ____________________

BUSINESS DEVELOPMENT CONTACT

Name____________________

Title ____________________ Designation ____________________

Address ____________________

City ____________________ State ____________ Zip ____________

Phone____________________ Fax ____________________

Email ____________________

Platinum, Premier, and Standard Supporting Member Application

FINANCE & ACCOUNTING CONTACT

Name ______________________________

Title ______________________ Designation ______________________

Address ______________________________

City ______________________ State __________ Zip __________

Phone ______________________ Fax ______________________

Email ______________________________

MEMBERSHIP CATEGORY

Membership in NHCAA as a Supporting Member is available to any corporation, partnership, association, or other institution or organization which (i) does not qualify as a Member Organization or an Affiliate Member, and (ii) undertakes to support the purposes of NHCAA as set forth in its Certificate of Incorporation and Bylaws, or has principles and purposes compatible with the principles and purposes of NHCAA, as determined by criteria established by the Board of Directors.

MEMBERSHIP LEVEL

- ☐ Platinum Supporting Member Annual Dues Rate: $25,000
- ☐ Premier Supporting Member Annual Dues Rate: $19,000
- ☐ Standard Supporting Member Annual Dues Rate: $7,000

PAYMENT INFORMATION

☐ CHECK *(Enclosed)* CREDIT CARD: ☐ AmEx ☐ Discover ☐ MC ☐ Visa

CREDIT CARD ACCOUNT # ______________________ EXP __________

CARDHOLDER NAME (PRINT) ______________________ SECURITY CODE __________

BILLING ADDRESS ______________________________

CITY ______________________ STATE __________ ZIP CODE __________

SIGNATURE ______________________ DATE __________

I understand that by providing these mailing addresses, email addresses, and telephone and fax numbers, I give consent for myself and the other contacts provided to receive communications sent by or on behalf of the National Health Care Anti-Fraud Association (NHCAA) or The NHCAA Institute for Health Care Fraud Prevention (The NHCAA Institute) via regular mail, email, telephone or fax.

Print Name ______________________________

Signature ______________________ Date __________

RETURN THIS COMPLETED APPLICATION FORM AND PAYMENT TO:

National Health Care Anti-Fraud Association
1220 L Street, NW, Suite 815 • Washington, DC 20005