



Membership Application

PLEASE READ CAREFULLY: Enter information below and email to admin@nairo.org. The contact person listed below will receive ALL information via email, including information on committees, meeting updates, etc.

Mr. Ms. _____
 Mrs. Dr. First Name Last Name Title

Company Name Website Address

Company Address City, State, Zip

Email Address Business Telephone Fax Number

PLEASE PROVIDE A BRIEF OVERVIEW OF YOUR ORGANIZATION:

How did you hear about NAIRO? _____

What are your expectations from NAIRO as an organization? _____

Have you ever been denied accreditation by any accrediting body? YES NO (circle one)
When was your last URAC visit? _____ **When is your next URAC visit?** _____

Is your organization accredited by URAC as an IRO? YES NO (circle one)
If yes, please attach a copy of your organization's URAC Accreditation Certification and fill out the information below.

Program Accreditation Accreditation Status Date Accredited Expiration Date

Do you hold any other accreditation by URAC? YES NO (circle one)
If yes, please fill out the information below.

Program Accreditation Accreditation Status Date Accredited Expiration Date

YES, I AM INTERESTED IN JOINING THE FOLLOWING COMMITTEES:

- Education Committee Marketing Committee Membership Committee
 Finance Committee Accreditation Committee Legislative/Regulatory Committee

MEMBERSHIP DUES:

- Full Member - \$3500 Annual Dues
 Associate Member - \$3000 Annual Dues
 Affiliate Member - \$2500 Annual Dues

PREFERRED PAYMENT:

Check - payable to NAIRO and remit to:

NAIRO
651 S. Walnut St., Suite D, PMB 59
New Braunfels, TX 78130-5764

*This application will not be accepted unless signed and dated below

Signature Date

Print Full Name Position/Title