Membership Application

PLEASE READ CAREFULLY: Enter information below and email to membership@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)**

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 accreditations by URAC? **YES** **NO (circle one)**
If yes, please fill out the information below:

Program Accreditation | Accreditation Status | Date Accredited | Expiration Date

I am willing to serve on the following committees:

☐ **Marketing** ☐ **Membership** ☐ **Finance** ☐ **Accreditation** ☐ **Regulatory**

Other members of our company who are willing to serve on a Committee: Name_____**Title**_____

MEMBERSHIP DUES:
☐ Full Member - $3000 Annual Dues

☐ Associate Member - $2000 Annual Dues

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

PREFERRED PAYMENT:
☐ Check - payable to NAIRO and remit to:

Richard Lynch, NAIRO Treasurer
ProPeer Resources, Inc.
1065 N. Hwy 89, Ste. 202
North Salt Lake, UT 84054

Signature | Date

Print Full Name | Position/Title