

JOIN

RENEW

## CONTACT INFORMATION

Prefix (ex. Dr. Mr. Ms.)	First Name	M.I	Last Name
SOMH Name			
Position/Title		Organization	
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/Planning  Marketing/Publicity  Nominations

## MEMBERSHIP TYPE/BENEFITS AND DUES

### INDIVIDUAL

- \$75.00 per year (for Student)  
 \$100.00 per year (for Associate)

This membership type includes associate voting membership, NASOMH e-newsletter, electronic database of State Office of Minority Health directors and contacts, and website access.

### STATE OFFICES OF MINORITY HEALTH

- \$500.00 per year

This membership type includes guidebook on the Role of State Offices of Minority Health and Entities Core Functions, eligibility for nomination to the NASOMH Board, regular voting membership (one vote awarded to each state/territory on all matters before NASOMH), express access to the NASOMH President, waived registration to in-person membership meetings, advocacy with HHS/OMH and Regional Health Equity Officers, grant guidance, technical assistance for Office sustainability, webinars on best practices, assistance educating legislators on the vitality and value SOMHs add to state profiles, career/job board posting privileges, NASOMH e-newsletter, and website access.

### INSTITUTIONAL

- \$1,000.00 per year

Institutional membership is designed for 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, logo on NASOMH, and career/job board posting privileges.

## **PAYMENT INFORMATION**

Check or money order enclosed. **Do not send cash.**

Checks or money orders should be made payable to National Association of State Offices of Minority Health.

For individuals submitting payment by check, please send to the PO Box address below.

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, please contact our Financial Officer Lisa Stafford at [nasomh02@gmail.com](mailto:nasomh02@gmail.com).

**Please submit this form and your payment to:**

NASOMH  
P.O. Box 32092  
Columbus, OH 43232-2092

If you need any assistance with your membership payment, please contact our Chief Financial Officer at [nasomh02@gmail.com](mailto:nasomh02@gmail.com).

NASOMH MEMBERSHIP PACKET

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