



Membership Application:

To join NASHO today, please complete the information below:

Primary Contact: _____

Title: _____

Company Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Email: _____ Web Site: _____

Your organization specializes in: *(check all that apply)*

- Acupuncture
- Behavioral Health
- Chiropractic
- Dental
- Device Benefit Management
- Hearing
- Massage Therapy
- Pharmacy Benefit Management
- Physical/Occupational/Speech Therapy
- Radiology
- Vision
- Other _____

Please email this application to Amy Seiler at aseiler@aapan.org or fax to 502.403.1129.
Someone from NASHO will be in contact once the application is reviewed.