



NACHW Membership Enrollment Form - Mail

Dues are payable annually. You will receive a reminder to renew. You will be listed in the NACHW Membership database (accessible to Members only).

Please mail completed form (BOTH PAGES) to:
Health Resources in Action. Attn: Oliver Souyavong
2 Boylston St, 4th floor. Boston, MA 02116

Member category:

Individual Members

- CHW Member:** \$20 *first year special rate*; \$25 after first year
 Active CHW/Promotor(a)/CHR Retired Student in formal CHW educational program

If enrolling as an individual CHW please affirm the following by signing below: "I affirm that I am a CHW/Promotor(a)/CHR within the meaning of the American Public Health Association definition of CHW (2009)."

Signature

- Ally Member:** \$50

Organizational Members

- CHW Network/Association Member:** \$150 **Other Organization Member:** \$300

Form of payment: Please make check or money order payable to "HRiA/NACHW"

Name: _____
(name of contact person if enrolling as an Organizational Member)

Organization: _____
(CHW Members can omit this if not currently working as a CHW)

Work/organization mailing address: _____

Work email: _____ Work phone: _____

Home address (individual members only) _____

Personal email: _____

Other phone mobile home : _____

- I AGREE to allow my contact information to be displayed in the NACHW Membership database
 email address only full contact info

- I do NOT AGREE to allow my contact information to be displayed in the NACHW Membership database

Please complete this short Member Profile

What year did you first work as a CHW? with CHWs? _____

Are you a member of a state or local CHW network or association?

No Yes – name of network/association: _____

Employer organization type (check one only):

- Community-based organization
- Social services provider
- Federally qualified health center/clinic
- Hospital/health system
- Behavioral health service provider
- Health plan/managed care
- University/college/research Other _____

Primary work location is urban rural

Majority of work time is spent in community (public) setting clinical/office setting home visiting

Individual members only:

Do you work as a CHW (or with CHWs) as a volunteer? or in a paid position?

OPTIONAL - Current primary role or area of work activity as CHW or with CHWs (check all that apply):

- Outreach
- Community organizing/advocacy/capacity-building
- Health education
- Other education (describe) _____
- Care coordination/care management/system navigation
- Research

OPTIONAL - Subject area specialty of your CHW work (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Social welfare/economic opportunity | <input type="checkbox"/> Aging/gerontology |
| <input type="checkbox"/> Immigration/refugee issues | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Special needs populations (specify) | <input type="checkbox"/> Addictions/substance use disorders |
| <input type="checkbox"/> Housing/basic needs/homelessness | <input type="checkbox"/> Oral health |
| <input type="checkbox"/> Maternal/child health | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Women’s health | <input type="checkbox"/> Heart health |
| <input type="checkbox"/> Men’s health | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Gender/identity (LGBTQ) issues/needs | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Children’s health/pediatrics | <input type="checkbox"/> HIV-AIDS/STIs |

Other (specify) _____

Staff use only:

- Check received
- Entered in database

[] Staff member initials