



Associate Member Renewal Form

Save time - renew online! www.aznha.org/Renew

Otherwise, please complete this renewal form, save/scan and email to info@aznha.org

Thank you for being a Member! Please review your company Profile on the AZNHA website and if you need to make changes to your Profile, please complete the applicable areas on this renewal form.

Company Information (Primary Location): This information is publicly available on our website *unless you check this box* .

Business Name (Required): _____

Office Address: _____ City: _____ Zip: _____

Office Phone: _____ Office Fax: _____

Email Address: _____ Website URL: _____

Primary Contact Person: This is the person AZNHA will contact with any questions about the renewal.

Name: _____ Email: _____ Phone: _____

Owners, Officers, Management: Only if there has been a change in ownership and/or management since your last renewal.

Name: _____ Title: _____ Email: _____

Name: _____ Title: _____ Email: _____

Locations: If you need to update your office locations (including adding new ones not currently listed on your Profile), attach a listing including the Contact, Email Address, Physical Address and Phone. All your office locations are included as a part of your membership.

Operations: Please answer all the questions below.

Yes No Have you made any changes to your logo?
If yes, please email a high-resolution JPG or PNG to info@aznha.org.

Yes No Have you made any changes in your business model or operations?
If yes, please detail below (or attach an explanation).

Yes No Would you like to update the company/services offered description that appears in your profile?
If yes, please detail below (about 100 words).

Marketing Materials (Complimentary): Optional

Yes No Would you like AZNHA brochures mailed to you? If yes, indicate quantity (sets of 25): _____ sets

Yes No Would you like an AzNHA decal (window cling) designating you as a member? If yes, indicate quantity: _____

Dues Payment Method: Dues are \$400 per Member Company (includes additional locations)

Check (make payable to AZNHA and mail to 1922 E Fairmont Drive, Tempe, AZ 85282)

Credit Card Online (the primary contact listed above will receive a link to view the dues invoice/pay online")

Acknowledgement & Signature: I certify that I am authorized to complete this renewal on behalf of my company and to the best of my knowledge, that the information provided herein is accurate and complete. I have read, understand and agree to the statements regarding the disclosure of business information and practices available on the AZNHA website: <https://aznha.org/become-a-member/membership-application-agreements/>

Signature of Authorized Agent: _____ Date: _____ Title: _____

**Online payments are processed through PayPal - you will receive an invoice directly from our PayPal account with instructions.
Dues are not deductible as Charitable Contributions but may deductible as Business Expenses; please consult your Tax Advisor. Tax ID: 26-2068355

Need Assistance? Email info@aznha.org or call (602) 283-3503. Visit us online: www.AZNHA.org