



LOUISIANA HOSPITAL ASSOCIATION
APPLICATION FOR ASSOCIATE MEMBERSHIP

Date _____

Associate Membership shall be non-voting and shall consist of the following:

- (a) Other healthcare institutions, except hospitals, that provide for the care of patients requiring an inpatient stay.
- (b) Dispensaries, clinics, home health agencies and other similar organizations for the diagnosis and treatment of the sick and injured, but not rendering inpatient care.
- (c) Groups formally organized for the construction of a new health care facility.

Our company wishes to become an Associate Member of the Louisiana Hospital Association, and in return for the annual fee indicated below, enjoy the following privileges:

- 1. Receive our weekly publication **IMPACT WEEKLY** via email.
- 2. Attend educational offerings at the Associate Member rate.
- 3. A listing in the Associate Members section in the LHA Membership Directory.
- 4. Eligibility to participate in the LHA Trust Funds which provides affordable Professional Liability, General Liability and Workers' Compensation Coverage.

Annual Membership fee (includes one company representative): **\$2,500/yr.**
Annual Rate for each additional company representative: \$125.00/yr.

Annual fee for Members of the LHA Trust Funds is based on a percentage of premium(s); contact Carla Juneau at 225.368.3810 / carlajuneau@hsl.com for quote.

Enclosed is our check in the amount of \$_____, which includes the annual Membership fee of \$2,500 and \$_____ for _____ additional representatives.

Signed by _____

Company Name _____

COMPANY ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____ WEB SITE _____

TYPE OF BUSINESS ENGAGED IN _____

One Primary Representative is included in \$2,500 annual membership fee

PRIMARY REPRESENTATIVE _____

TITLE _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE () _____ EMAIL _____

ADDITIONAL REPRESENTATIVES @ \$125.00 each

NAME _____

TITLE _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE () _____ EMAIL _____

NAME _____

TITLE _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE () _____ EMAIL _____