



# APPLICATION FOR INSTITUTIONAL MEMBERSHIP

## LOUISIANA HOSPITAL ASSOCIATION

9521 Brookline Avenue  
Baton Rouge, Louisiana 70809

Name of Institution: \_\_\_\_\_ Date Established: \_\_\_\_\_

Street Address: \_\_\_\_\_ Date Opened: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Main Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Main Fax: \_\_\_\_\_

Parish: \_\_\_\_\_ Web-site address: \_\_\_\_\_

Tax Designation:  Incorporated  For Profit  Not For Profit

Name of Owner: \_\_\_\_\_

Ownership Type: \_\_\_\_\_  
(Corporation, Religious, Service District, etc.)

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Is the facility operated, managed or leased by organization other than owner?  Operated  Managed  Leased

Name of Organization: \_\_\_\_\_

Chief Administrative Officer: Name: \_\_\_\_\_  
(Mr., Mrs., Ms., M.D., R.N., Sister)

Title: \_\_\_\_\_  
(CEO, Executive Director, Administrator, etc.)

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Chairman of Governing Board: \_\_\_\_\_

Number of Licensed Beds: \_\_\_\_\_

Type of Stay:  Short Term  Long Term

Type of Service:  Community Hospital  Rehabilitation Hospital  Psychiatric Hospital

Chemical Dependency Unit  Nursing Home

Other Specialty Hospital (Please Specify): \_\_\_\_\_

Net Patient Revenue figure from most recently filed Medicare Cost Report (Worksheet G-3, line 3)

\$ \_\_\_\_\_ from Hospital's Fiscal Year \_\_\_\_\_

Hospital License Number: \_\_\_\_\_ Nursing Home License Number: \_\_\_\_\_

Date of Application \_\_\_\_\_ Signed \_\_\_\_\_

Title \_\_\_\_\_