



LOUISIANA HOSPITAL ASSOCIATION

APPLICATION FOR CORPORATE AFFILIATION

Date _____

As defined by Article 1, Section 4(c) of the Louisiana Hospital Association bylaws, Corporate Affiliate Membership shall include: organizations interested in the purpose of the Association and having interests and goals consistent with the Association's but that are not eligible for any of the [other] types of membership, provided these organizations qualify for membership in accordance with such requirements as the Board of Trustees may enact from time to time.

Our company wishes to become a Corporate Affiliate of the Louisiana Hospital Association, and in return for the annual Corporate fee indicated below, enjoy the following privileges:

1. Receive our weekly publication **IMPACT WEEKLY** via email.
2. Attend educational offerings at the Corporate Member rate.
3. A listing in the Corporate 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 Corporate fee (includes one company representative): \$1,250/yr
Annual Rate for each additional company representative: \$500/yr

Enclosed is our check in the amount of \$_____, which includes the annual Corporate fee of \$1,250 and \$_____ for _____ additional representatives.

Signed by _____

Company Name _____

COMPANY ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____ FAX _____

WEB SITE ADDRESS _____

TYPE OF BUSINESS ENGAGED IN _____

One Primary Representative is included in \$1,250 annual membership fee

PRIMARY REPRESENTATIVE _____
TITLE _____
ADDRESS _____
CITY, STATE, ZIP _____
PHONE () _____ EMAIL _____

ADDITIONAL REPRESENTATIVES @ \$500.00 each

NAME _____
TITLE _____
ADDRESS _____
CITY, STATE, ZIP _____
PHONE () _____ EMAIL _____

NAME _____
TITLE _____
ADDRESS _____
CITY, STATE, ZIP _____
PHONE () _____ EMAIL _____

Please make checks payable to:

Louisiana Hospital Association, 9521 Brookline Avenue, Baton Rouge, Louisiana 70809-1431

Pay by credit card via fax to (225) 923-1004

Credit Card #: _____ CVV#: _____ Expiration Date: _____

Name on Card (please print): _____ Billing Zip Code: _____

Signature: _____ Email: _____