



# LOUISIANA SOCIETY OF HOSPITAL ATTORNEYS

## MEMBERSHIP APPLICATION

### ELIGIBILITY REQUIREMENTS:

1. Must be an attorney licensed to practice in the State of Louisiana
2. Must represent hospital(s) that are members in good standing of the Louisiana Hospital Association

I wish to become a member of the LHA Louisiana Society of Hospital Attorneys, and in return for the annual fee of \$150, enjoy the following privileges:

- Email Subscription to LHA's Newsletters **IMPACT Weekly and IMPACT Lawbrief**;
- Opportunity to submit articles for publication in **IMPACT Lawbrief**, distributed to over 1000 of LHA's top hospital executives;
- A Listing in the Legal Affiliate section of the LHA Membership Directory and receive one complimentary copy;
- Invitation to LHA's Annual Legislative Reception; and
- Opportunity to earn CLEs and teaching CLEs at approved LHA Education Programs.

### ATTORNEY CONTACT INFORMATION:

Please complete all the information below.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Firm Name: \_\_\_\_\_ LA Bar #: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### Return Completed Application with Check Payable to:

Louisiana Hospital Association Management Corporation

Attn: Meaghan Musso, Advocacy Coordinator

9521 Brookline Ave, Baton Rouge, LA 70809

[www.lhaonline.org](http://www.lhaonline.org)

Or pay by credit card via Fax (225) 923-1004 or Phone (225) 928-0026

Credit Card # \_\_\_\_\_ CVV#: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

Name on Card (please print): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

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