



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; 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

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