



# 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 holds membership in the Association and are within the State of Louisiana

### BENEFITS:

- Member Discounts on LHA Educational Programs
- Email Subscription to LHA's Newsletters **IMPACT Weekly**, **IMPACT Lawbrief**, and **IMPACT Session**
- Article Submission for Publication in **IMPACT Lawbrief**, Distributed to over 1000 of LHA's Top Hospital Executives
- Participation and Voting on Society Business, including Electing Officers
- Invitations to LHA's Annual Membership Meeting and Legislative Day Events
- Listing as a Legal Affiliate in the LHA Directory, along with One Complimentary Copy of the Directory
- Pertinent Bulletins, as Related to Healthcare
- Opportunity to Earn all required MCLEs (12.5 hours) and Teaching CLEs at our 2-day Health Law Symposium
- Access to the "members only" portion of the LHA website

### MEMBERSHIP STATUS: Please check ONE option

**Renewal** – Membership Dues are \$150.00       **NEW** – Membership Dues are \$100.00

### ATTORNEY CONTACT INFORMATION:

(Please complete all the information below. If you need additional forms, please duplicate)

Name \_\_\_\_\_ Position \_\_\_\_\_

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

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

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

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

Cost for RENEWAL \$150.      Cost for NEW \$100.

**Please Make Checks Payable to:**  
**Louisiana Hospital Association Management Corporation**  
**Or pay by credit card (Visa, MC and American Express)**

**Return Completed Application and Payment to:**  
Angela Lockhart, Legal & Governmental Affairs Coordinator  
9521 Brookline Avenue Baton Rouge, LA 70809  
Phone (225) 928-0026 Fax (225) 923-1004 [www.LHAOnline.org](http://www.LHAOnline.org)

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

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

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

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