

Advanced Level Affiliate Membership Application

Select level of Advanced Affiliate Membership you are applying for:

Platinum - \$15,000 Gold - \$10,000 Silver - \$6,000 Bronze - \$4,000

Name of Organization _____

Name of Chief Executive Officer _____

Address, City, State, ZIP _____

Phone _____ Fax _____

E-mail _____ Web address _____

Brief description of organization's purpose and mission: _____

Does your organization have other health-related affiliations? Yes No

If yes, please list: _____

Key Contact: (This person will receive all NHA materials and mailings)

Name _____ Title _____

Email _____

Address, City, State, ZIP _____

Phone _____ Fax _____

Company Category

Which category or industry type best describes your company? _____

The governing board of this organization hereby submits the necessary data and applies for Affiliate Membership in the Nebraska Hospital Association (NHA). NHA Affiliate Membership may not be used in any way that represents or implies endorsement by the association, or that establishes competitive advantage for the Affiliate Member over other organizations. Affiliate Members may not use the NHA symbol, the phrase "member of the Nebraska Hospital Association," or any similar phrase in any way that connotes the Association's approval of a publication, service, or product, or on any promotional material used for solicitation of business, without prior approval.

* Please submit your application with Advanced Affiliate Membership fee, based on type selected above to NHA, Heather Bullock, 3255 Salt Creek Circle, Suite 100, Lincoln, NE 68504-4778.

Signature _____ Date _____



The influential voice of Nebraska's hospitals

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NHA Approval Date: