

Standard Affiliate Membership Application

Select Type of Affiliate Membership you are applying for:

Type I - \$1,250 Type II - \$1,250 Type III - \$1,250 Type IV - \$1,000

There are four types of Standard Affiliate Membership:

Type IV - Includes vendors for goods and services to hospitals and health care systems **(most common)**

Type III - General and special care, state and federal government hospitals whose services are not generally available to the public

Type II - Non-profit organizations and government agencies whose principal purpose relates to hospitals and health care organizations

Type I - Hospitals and health systems not located within Nebraska

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 Standard 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: