

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 - \$900

Name of Organization

Name of Chief Executive Officer

Address

City

State

ZIP

Phone

Fax

Email

Web address

Brief description of organization 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.

Signature

Date



The influential voice of Nebraska's hospitals

3255 Salt Creek Circle, Suite 100 • Lincoln, NE • 68504

Phone: (402) 742-8140 • Fax: (402) 742-8191 • www.nhanet.org

NHA Approval Date:
