

# Affiliate Membership Program Application

Select level of NHA Affiliate Membership you are applying for:

Platinum - \$15,000     Gold - \$10,000     Silver - \$7,000     Bronze - \$5,250     Partner - \$1,600

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 \_\_\_\_\_

## Company Category

Which category or industry type best describes your company? \_\_\_\_\_

What do you hope to gain from becoming an affiliate member of the NHA?

\_\_\_\_\_

The governing board of this organization hereby submits the necessary data and applies for Affiliate Membership in the Nebraska Hospital Association (NHA). The 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 logo, 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 membership fee, based on type selected above to address below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

NHA Approval Date:

