

AFFILIATE MEMBERSHIP PROGRAM APPLICATION

Select level of NHA Affiliate Membership you are applying for:

- Diamond - Call for Pricing Platinum - \$25,000 Minimum Gold - \$15,000
 Silver - \$10,000 Bronze - \$5,000 Partner - \$2,000

Name of Organization _____

Name of Chief Executive Officer _____

Address, City, State, Zip _____

Phone _____ Fax _____

Email _____ Web Address _____

Brief description of your 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 _____