Application for Associate Membership

Please attach a separate sheet if you need more space.

VIRGINIA HOSPITAL & HEALTHCARE ASSOCIATION

An alliance of hospitals and health delivery systems

Company | Year Established

Street Address | City | State | Zip

Mailing Address | City | State | Zip

Phone | Fax | Web Site

Primary Contact | Title | E-mail

Additional contacts who will be involved with the association

Name | Title | E-mail

Name | Title | E-mail

Name | Title | E-mail

Type of business/organization

Brief description of products/services provided

Association, affiliation, etc., with Virginia hospitals (names of clients, customers and/or hospitals served

Reason for applying for association membership

Why and how can your company support and further the policy aims of hospitals and health systems and the communities they serve?

It is understood that before becoming a member, dues, in the amount of $1,000 annually, must be remitted. It also is understood that this completed application will be referred to the Executive Committee for consideration. After action by the Executive Committee and the Board of Directors, the applicant will be notified by letter.

Signature of Applicant | Title | Date

Plrease return to:
VHHA • P.O. Box 31394 • Richmond, VA 23294-1394
(804) 965-1209