

3. Describe or provide a copy of your dues formula for each type of membership. Please note which materials you are providing by mail or fax. *If formula is the same for hospitals regardless of service or ownership, please complete for General Medical/Surgical and mark others "same."*

Membership Type - Hospitals	Dues Formula
General Medical/Surgical	.00088 of Medicare Cost Report gross expenses
Children's	
Psychiatric/Behavioral Health	
Rehabilitation	
Long-Term Acute Care	
Other Specialty/Limited Services	
<b>Membership Type - Others</b>	
Federal – VA: DOD (Army, Navy, etc); US Public Health Service	\$2,000 per year
Headquarters/Multi-hospital systems	
Ambulatory/Outpatient/Free-standing Surgical Centers	
Other Patient Care Provider Organizations	
Associate or Commercial Members/Sponsors	
Individual/Personal Members	\$150.00 per year
Other	