

ALABAMA HOSPITAL ASSOCIATION
500 NORTH EAST BOULEVARD
MONTGOMERY, AL 36117

APPLICATION FOR · TYPE I MEMBERSHIP

Institution: _____
Mailing address: _____
Physical address: _____ County _____ Zip _____
CEO: _____
Email: _____ Telephone #: _____ Fax #: _____
Number of beds licensed: _____
Types (s) of patient care provided: _____

Operating expenses for latest fiscal year end \$: _____
Owned by: _____
Leased and/or managed by: _____

Type of Ownership:
Investor Owned Corporate _____
Investor Owned Private _____
Non-Profit Corporate _____
Non-Profit Private _____
Non-Profit Governmental (City, County, State or Federal): _____

Accredited by Joint Commission on Accreditation of Hospitals? _____
Member of the American Hospital Association? _____

In submitting application for the membership, this institution agrees that, if accepted for membership by the Alabama Hospital Association Board of Trustees, it will abide by the bylaws of the association.

_____ Date _____ Signature _____
_____ Title _____

.....
For AlaHA Use Only

Date received: _____ Dues Submitted: _____

Cert. #: _____

Approved: _____ Date: _____
Chairman, Membership Committee

Approved: _____ Date: _____
Chairman, Board of Trustees

ALABAMA HOSPITAL ASSOCIATION
500 NORTH EAST BOULEVARD
MONTGOMERY, AL 36117

APPLICATION FOR TYPE II MEMBERSHIP

Organization: _____

CEO: _____ Email: _____

Mailing address: _____

Physical address: _____ County _____ Zip: _____

Telephone #: _____ Fax #: _____

Total number of inpatient facilities owned, leased, and/or managed by organization _____. Attach list of facilities with names, addresses, and bed size. Indicate if other facilities are owned, leased and/or managed.

Investor Owned _____ Not for Profit _____

Enclosed are annual dues of \$750.

In submitting application for the membership, this institution agrees that, if accepted for membership by the Alabama Hospital Association Board of Trustees, it will abide by the bylaws of the association.

Date Signature

Title

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For AlaHA Use Only

Date received: _____ Dues Submitted: _____

Cert. #: _____

Approved: _____ Date: _____
Chairman, Membership Committee

Approved: _____ Date: _____
Chairman, Board of Trustees

ALABAMA HOSPITAL ASSOCIATION
500 NORTH EAST BOULEVARD
MONTGOMERY, AL 36117

APPLICATION FOR · TYPE III MEMBERSHIP

Free-standing nursing homes and assisted living facilities licensed to operate in the State of Alabama.

Institution: _____

Administrator/CEO: _____ Email: _____

Mail Contact: _____

Mailing address: _____

Physical address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Fax #: _____

This application is subject to approval by the board of trustees of the Alabama Hospital Association. In submitting this application the organization agrees that, if accepted for membership, it will abide by the bylaws of the Alabama Hospital Association.

The annual dues are \$14 per bed.

I understand that should our application be denied, the amount paid for dues will be refunded in full.

_____ Date _____ Signature

_____ Title

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For AlaHA Use Only

Date received: _____ Dues Submitted: _____

Cert. #: _____

Approved: _____ Date: _____
Chairman, Membership Committee

Approved: _____ Date: _____
Chairman, Board of Trustees

ALABAMA HOSPITAL ASSOCIATION
500 NORTH EAST BOULEVARD
MONTGOMERY, AL 36117

APPLICATION FOR · TYPE IX MEMBERSHIP

Organizations interested in the objectives of the Association but not eligible for Types I-VIII

Organization: _____
Nature of business: _____
Chief Executive Officer: _____ Email: _____
Mailing address: _____
Physical address: _____
City: _____ State: _____ Zip: _____
Telephone #: _____ Fax #: _____

This application is subject to approval by the Board of Trustees of the Alabama Hospital Association. In submitting this application the organization agrees that, if accepted for membership, it will abide by the Bylaws of the Alabama Hospital Association.

Enclosed are annual dues of \$300.

I understand that should our application be denied, the amount paid for dues will be refunded in full.

_____ Date _____ Signature _____
_____ Title _____

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For AlaHA Use Only

Date received: _____ Dues Submitted: _____

Cert. #: _____

Approved: _____ Date: _____
Chairman, Membership Committee

Approved: _____ Date: _____
Chairman, Board of Trustees

ALABAMA HOSPITAL ASSOCIATION
500 NORTH EAST BOULEVARD
MONTGOMERY, AL 36117

APPLICATION FOR · TYPE V MEMBERSHIP

Organizations operating hospital or other health related service plans.

Organization: _____
Chief Executive Officer: _____ Email: _____
Mail Contact: _____ Title: _____
Mailing address: _____
Physical address: _____
City: _____ State: _____ Zip: _____
Telephone #: _____ Fax #: _____

Covered Lives (includes self-insureds)	Annual Dues
0-50,000	\$4,000
50,000-120,000	\$8,000
120,001-& up	\$12,000
Hospital sponsored plans	\$1,000

Investor Owned _____ Not for Profit _____

In submitting application for the membership, this institution agrees that, if accepted for membership by the Alabama Hospital Association Board of Trustees, it will abide by the bylaws of the association.

_____ Date _____ Signature _____
_____ Title _____

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For AlaHA Use Only

Date received: _____ Dues Submitted: _____

Cert. #: _____

Approved: _____ Date: _____
Chairman, Membership Committee

Approved: _____ Date: _____
Chairman, Board of Trustees

APPLICATION FOR · TYPE VIII MEMBERSHIP

Organizations which provide or supply services, products or consultation to hospitals.

Organization: _____
Nature of Business: _____
CEO: _____ Email: _____
Mail Contact: _____ Title: _____
Mailing Address: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____

Mail application to: Attn: Membership Department
Alabama Hospital Association
500 North East Boulevard
Montgomery, AL 36117

Phone Number: 800-489-2542
Fax Number: 334-270-9527

This application is subject to approval by the board of trustees of the Alabama Hospital Association. In submitting this application the organization agrees that, if accepted for membership, it will abide by the bylaws of the Alabama Hospital Association.

Enclosed are annual dues of \$450.

I understand that should our application be denied, the amount paid for dues will be refunded in full.

Date: _____ Signature: _____

Title: _____

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For AlaHA Use Only

Approved: _____ Date: _____
AlaHA Membership Committee Chairman

Approved: _____ Date: _____
AlaHA Board of Trustees Chairman

Membership Certificate Number: _____