

Arizona Hospital and Healthcare Association

Active Membership

Freestanding licensed hospitals located in Arizona and Arizona hospital-based healthcare systems are eligible to become Active Members.



I. Applicant Information

Name of Organization _____

Street Address _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone Number _____

FAX Number _____

Chief Executive Officer _____

Title (if other than CEO) _____

CEO E-mail address: _____

Owned by _____

Operated by _____

State License Number _____

II. Organization Type and Size

Type of Organization (check all that apply):

State Federal County

Non-profit Hospital District Investor-owned

Size of Organization:

of Beds: _____

Total FTEs: _____

Net Operating Revenues (annual): _____

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III. Services Provided

Please check all that apply:

Acute Care

If a multi-hospital system, list names of hospitals below:

Long Term Care

If multiple facilities, list names below:

Emergency Services

Trauma Services

Rehabilitation Services

Behavioral Health Services

Home Health Services

Subacute Care

Health Plan

Physician Hospital Organization (PHO)

Other, please identify: _____

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IV. Accreditation Status

If applicable, please indicate organizations by whom you are currently accredited (check all that apply):

- Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
- American Osteopathic Association (AOA)
- National Committee on Quality Assurance (NCQA)
- Commission on Accreditation of Rehabilitation Facilities (CARF)
- Accreditation Council on Graduate Medical Education (ACGME)
- Other: _____
- Not applicable

V. Mission Statement

Please provide your organization's mission statement below.

All applications for active membership must be reviewed by AzHHA's Executive Committee and receive final approval from its Board of Directors. The AzHHA may, at the sole discretion of its Board of Directors, grant or deny any application for membership and may censure, suspend or expel any member, in conformance with the AzHHA bylaws.

Chief Executive Officer (signature)

Title (if other than CEO)

Date

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VI. Dues Calculation

Annual dues will be \$ _____

Annual dues for the Arizona Hospital and Healthcare Association are determined by the Board of Directors. Active members admitted to membership prior to March 1 of any year shall pay dues for the full fiscal year. If such membership is accepted on or after March 1, dues are prorated monthly based on AzHHA's fiscal year, which ends December 31 of each year.



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Healthcare Association**