



Indiana Hospital Association

1 American Square • Suite 1900

Indianapolis, Indiana 46282-0004

317/633-4870 • 317/633-4875 fax

www.ihacconnect.org

Application for Type I Membership

The governing board of this organization hereby submits the necessary data for the application of Organizational Membership to be considered by the Indiana Hospital Association.

Organization _____

Establishment Date _____
Month Day Year

Street Address _____

City/State/Zip _____

Chief Executive Officer _____

Title _____

Telephone (____) _____ E-mail address _____

Hospital Web site _____

Total annual operating expenses (most recent fiscal year, or budgeted 12-month period for new organizations) \$ _____

Type of Hospital

____ General Acute

____ Specialty (orthopedic, heart, cancer, children's surgical)

____ Rehabilitation

____ Other (describe) _____

____ Psychiatric/Chemical Dependency

Ownership

Name

Address

City/State/Zip

Membership and Accreditation

American Hospital Association member? yes ____ no ____

American Osteopathic Hospital Association member? yes ____ no ____

Federation of American Hospitals members? yes ____ no ____

Is hospital accredited? yes ____ no ____ By whom?

____ Joint Commission on Accreditation of Healthcare Organizations

____ Commission on Accreditation of Rehabilitation Facilities

____ Healthcare Facilities Accreditation Program

____ Other _____

Has hospital been licensed by the State of Indiana? yes ____ no ____

Governing Board

Please list the names and addresses of governing board or lay advisor members (attach separate sheet if necessary)

President _____
Name Address

Vice Pres. _____
Name Address

Secretary _____
Name Address

Treasurer _____
Name Address

It is understood that this application, upon being filed, will be referred to the Executive Committee of the Indiana Hospital Association for consideration. It is also understood that the required dues must be remitted to activate membership. The Indiana Hospital Association reserves the right to disapprove membership to any applicant.

Date _____

Chief Executive Officer

Signature