

Standard Affiliate Membership Application

Select Type of Affiliate Membership you are applying for:

Type I - \$1,250

Type II - \$1,250

Type III - \$1,250

Type IV - \$900

Name of Organization _____

Name of Chief Executive Officer _____

Address _____

City _____

State _____

ZIP _____

Phone _____

Fax _____

Email _____

Web address _____

Brief description of organization purpose and mission: _____

Does your organization have other health-related affiliations? _____

Yes

No

If yes, please list: _____

Key contact: (This person will receive all NHA materials and mailings)

Name _____

Title _____

Email _____

Address _____

City _____

State _____

ZIP _____

Phone _____

Fax _____

Company Category

Which category or industry type best describes your company? _____

The governing board of this organization hereby submits the necessary data and applies for Affiliate Membership in the Nebraska Hospital Association (NHA). NHA Affiliate Membership may not be used in any way that represents or implies endorsement by the association, or that establishes competitive advantage for the Affiliate Member over other organizations. Affiliate Members may not use the NHA symbol, the phrase "member of the Nebraska Hospital Association," or any similar phrase in any way that connotes the association's approval of a publication, service, or product, or on any promotional material used for solicitation of business, without prior approval.

Please submit your application with Standard Affiliate Membership fee, based on type selected above to NHA, Heather Bullock, 3255 Salt Creek Circle, Suite 100, Lincoln, NE 68504.

Signature _____

Date _____

NHA Nebraska
Hospital
Association

The influential voice of Nebraska's hospitals

3255 Salt Creek Circle, Suite 100 • Lincoln, NE • 68504

Phone: (402) 742-8140 • Fax: (402) 742-8191 • www.nhanet.org

NHA Approval Date:

Advanced Level Affiliate Membership Application

Select level of Affiliate Membership you are applying for:

Platinum - \$15,000 Gold - \$10,000 Silver - \$6,000 Bronze - \$4,000

Name of Organization _____ Name of Chief Executive Officer _____

Address _____ City _____ State _____ ZIP _____

Phone _____ Fax _____ Email _____ Web address _____

Brief description of organization purpose and mission: _____

Does your organization have other health-related affiliations? Yes No

If yes, please list: _____

Key contact: (This person will receive all NHA materials and mailings)

Name _____ Title _____ Email _____

Address _____ City _____ State _____ ZIP _____

Phone _____ Fax _____

Company Category

Which category or industry type best describes your company? _____

The governing board of this organization hereby submits the necessary data and applies for Advanced Affiliate Membership in the Nebraska Hospital Association (NHA). NHA Advanced Affiliate Membership may not be used in any way that represents or implies endorsement by the association, or that establishes competitive advantage for the Advanced Affiliate Member over other organizations. Advanced Affiliate Members may not use the NHA symbol, the phrase "member of the Nebraska Hospital Association," or any similar phrase in any way that connotes the association's approval of a publication, service, or product, or on any promotional material used for solicitation of business, without prior approval.

Please submit your application with the appropriate Advanced Level Affiliate Membership fee, based on level selected above to NHA, Heather Bullock, 3255 Salt Creek Circle, Suite 100, Lincoln, NE 68504

Signature _____ Date _____



The influential voice of Nebraska's hospitals
3255 Salt Creek Circle, Suite 100 • Lincoln, NE • 68504
Phone: (402) 742-8140 • Fax: (402) 742-8191 • www.nhanet.org

NHA Approval Date: _____
