## **Standard Affiliate Membership Application**

Select Type of Affiliate Membership you are applying for:

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Type I -\$1,250	☐ Type II - \$1,250	☐ Type III - \$1,2	250	☐ Type IV - \$900
Name of Organization				Name of Chief Executive Office
Address	Cit	ty	State	ZIP
Phone	Fax	Email		Web address
Brief description of orga				
Does your organization l	nave other health-related affiliati	ions?	☐ Yes	□ No
If yes, please list:				
Key contact: (This person	on will receive all NHA materia	ls and mailings)		
Name		Title		Email
Address	Cit	ty	State	ZIP
Phone	Fa	x		
Company Category Which category or industry	try type best describes your com	npany?		
Hospital Association (NF association, or that establuse the NHA symbol, the	AA). NHA Affiliate Membership lishes competitive advantage for phrase "member of the Nebrasi	o may not be used in any r the Affiliate Member o ka Hospital Association,	way that rep ver other orga or any simi	ffiliate Membership in the Nebraska resents or implies endorsement by the inizations. Affiliate Members may not lar phrase in any way that connotes the ed for solicitation of business, without
	cation with Standard Affiliate M Suite 100, Lincoln, NE 68504.	lembership fee, based on	type selected	l above to NHA, Heather Bullock,
Signature	Date			
	Nebraska			
	Hospital Association			NHA Approval Date:
				in i
	of Nebraska's hospitals			
255 Sait Creek Circle. S	uite 100 • Lincoln NE • 68504			ī

## **Advanced Level Affiliate Membership Application**

Select level of Affiliate Membership you are applying for:

Platinum - \$15,0	00 Gold - \$10,000	□ Silver - \$6,000	☐ Bronze - \$4,000			
Name of Organization			Name of Chief Executive Office			
Address	City	State	ZIP			
Phone	Fax Emai	11	Web address			
Brief description of organiza	tion purpose and mission:					
	other health-related affiliations?	☐ Yes	□ No			
If yes, please list:						
Key contact: (This person w	vill receive all NHA materials and maili	ngs)				
Name	Т	itle	Email			
Address	City	State	ZIP			
Phone	Fax					
Company Category Which category or industry t	ype best describes your company?					
in the Nebraska Hospital Ass or implies endorsement by the organizations. Advanced Affi Association," or any similar pany promotional material use	organization hereby submits the necessal ociation (NHA). NHA Advanced Affiliate association, or that establishes compeliate Members may not use the NHA syphrase in any way that connotes the assed for solicitation of business, without p	ate Membership may not be attitive advantage for the Advantage for the Advantage in the Adv	be used in any way that represents dvanced Affiliate Member over other er of the Nebraska Hospital ablication, service, or product, or on			
Please submit your application NHA, Heather Bullock, 3255	n with the appropriate Advanced Level Salt Creek Circle, Suite 100, Lincoln,	Affiliate Membership fee NE 68504	, based on level selected above to			
Signature		Date				
NHA <sup>N</sup>	ebraska Iospital Association		NHA Approval Date:			
The influential voice of Ne						

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