

Membership Requirements

Organizations may apply for membership as a full or associate member. Full members include acute and specialty hospitals and health systems licensed in the state of Nevada. Associate members include other health-related organizations having an interest in association activities and services. Qualifying organizations for either full or associate membership must submit a letter of application to the association president. An application fee of \$100 for full members and \$50 for associate members should accompany the letter of application. An application requires approval by the majority of the board of directors. If accepted into membership, the application fee is applied toward dues for the first year of membership. If membership is denied, the application fee will be refunded. Membership inquiries should be directed to Eva LaBarge at eva@nvha.net.

Full Membership Application

Thank you for your interest in joining the Nevada Hospital Association. To join as a full member, you must be a Nevada-licensed acute care or specialty hospital. Membership only applies to (1) hospital and does not include other entities within your health system.

Along with your application, you must submit a check to NHA in the amount of \$100 for an application fee. If your membership is approved, this payment will be applied to the total dues amount you owe; otherwise, the amount will be refunded to you. Dues are calculated based on a pre-determined formula and are payable in full before full-membership status is awarded.

Section 1 - All fields must be completed

Hospital Name	
Hospital Type	
Address	
City	
State	
ZIP	Gerillen and Andréa San Albandaries



Section 2 - Letter of Intent

Please use the space below to indicate why you would like to join NHA:	

Section 3	- Please provide your contact information
Your Name	
Your Phone No.	
Your F-mail	