

# AHA ASSOCIATE MEMBERSHIP APPLICATION

Please complete this form and mail it with payment of your annual membership dues to:

**American Hospital Association**  
**P.O. Box 92247, Chicago, Illinois 60675-2247**



**American Hospital Association**

Organization

Street

City/State/ZIP Code/Country

Telephone

Facsimile

Website

Organization's primary service (e.g. consulting, telecommunications, medical supplies)

Name/Title to whom mail is to be directed

Mailing address if other than above

E-mail address

Name of secondary contact (optional)

Mailing address if other than above

E-mail address

Please select one:

- |  |          |
|--|----------|
| <input type="checkbox"/> <b>Associate Advantage Member</b>                     | \$10,000 |
| <input type="checkbox"/> <b>Associate Member</b>                               | \$ 2,950 |
| <input type="checkbox"/> <b>Associate Member – International Organizations</b> | \$ 500   |

Membership dues are for the calendar year (January – December). Dues are prorated by the quarter for less than full year membership. Please call AHA Member Relations at (312) 422-2750 for a dues quote for memberships beginning after March 1.

- Check Payable to the American Hospital Association is enclosed.
- Please charge my credit card:     VISA                       MasterCard                       American Express

If paying dues via credit card, please fax application to Tony Spohn at (312) 422-3446

Account number

Expiration date

Cardholder's signature

As a member, do you wish to receive a complimentary subscription to Hospitals & Health Networks?     Yes     No  
Other publications also included as part of Associate member benefits (*AHA Guide* and *Hospital Statistics*) are valued at \$600.

The organization makes application for Associate Membership in the American Hospital Association by submitting the information on this form for consideration.

Applicant's Signature

Title

Date

We look forward to welcoming you to AHA membership. If you have questions, please call **Tony Spohn at (312) 422-2002**.