



Application for FAH Associate Membership

APPLICATION IS HEREBY MADE FOR AN ASSOCIATE MEMBERSHIP IN THE FEDERATION OF AMERICAN HOSPITALS.

Organization:

Address:

City:

State:

Zip:

Website Address:

Telephone:

Fax:

Type of Associate Membership applied for:

- Type B Hospital associations, medical societies and foundations. (Yearly dues = \$100.00)
- Type C Suppliers, other than management companies, of services and/or products to the health care industry. (Yearly dues = \$825.00)
- Type E Management companies that do not own or manage hospitals but instead have contracts limited to certain functions, services, or areas of the hospital. (Yearly dues = \$825.00)

Nature of organization and brief description of services or products provided:

Application must be signed by an officer of the company:

Name:

Title:

E-mail Address:

Telephone:

Signature:

Date:

Payment information and completed form must be returned to:

Federation of American Hospitals

Attention: Christine Choi, Director - Membership Services
750 9th Street, NW, Suite 600
Washington DC 20001

Email: cchoi@fah.org Phone: 202-624-1509 www.fah.org

PAYMENT OPTIONS

Check: The remittance information for the check is below.

Federation of American Hospitals

P.O. Box 715780
Philadelphia, PA 19171-5780

Credit Card/ACH: To pay via credit card or ACH, please contact Christine Choi at (202) 624-1509.

Credit Card Processing Fee Notice: A 3% processing fee will be added to all payments made by credit card.

IMPORTANT NOTICE: DUES PAYMENTS may be deductible by members as an ordinary and necessary business expense.

Please complete the next page.

GENERAL INFORMATION FOR ASSOCIATE MEMBERS

APPLICATIONS:

All applications are subject to final approval by the FAH Board of Directors. However, the granting of membership does not constitute, in any way, an endorsement of services and/or products by the Federation of American Hospitals.

MEMBERSHIP BENEFITS:

1. Recognition on the FAH Website as an associate member. Listing will include a link to company's website.
2. Company Listing in Conference App as an associate member.
3. FAH Conference and Business Exposition registration for four (4) attendees with your company registration fee of \$5,100 (or based on that year's registration pricing; non-associate members receive three (3) registrations)

KEY CONTACT INFORMATION:

A. Billing Contact Information:

Name: _____ Title: _____
Address: _____ City: _____ State: _____ Zip Code: _____
E-Mail Address (required): _____ Telephone: _____

B. Trade Show Contact Information:

Name: _____ Title: _____
Address: _____ City: _____ State: _____ Zip Code: _____
E-Mail Address (required): _____ Telephone: _____

C. Advertising Contact Information:

Name: _____ Title: _____
Address: _____ City: _____ State: _____ Zip Code: _____
E-Mail Address (required): _____ Telephone: _____