

Application for Hospital Membership



Hospital Membership

Freestanding licensed hospitals located in Arizona and Arizona hospital-based healthcare systems are eligible to become Hospital Members.

I. Applicant Information

Name of Organization _____

Street Address Mailing _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

Chief Executive Officer _____

Title (if other than CEO) _____

CEO E-mail address _____

Owned by _____

Operated by _____

State License Number _____

II. Organization Type and Size

Type of Organization (check all that apply):

State

Federal

County

Non-profit

Hospital District

Investor-owned

Size of Organization:

Number of Beds: _____

Net Operating Revenues (annual): _____

(Gross charges less bad debts, contractual write-offs, charity and other operating revenue)

III. Services Provided

Please check all that apply:

Acute Care

If a multi-hospital system, list names of hospitals below:

Long-Term Care

If a multiple facilities, list names below:

All applications for Hospital Membership must be reviewed by AzHHA's Executive Committee and receive final approval from its Board of Directors. AzHHA may, at the sole discretion of its Board of Directors, grant or deny any application for membership and may censure, suspend or expel any member, in conformance with AzHHA's bylaws.

Signature of Applicant _____

Title _____

Date _____

IV. Dues Calculation

Annual dues will be \$ _____

Annual dues for the Arizona Hospital and Healthcare Association are determined by the Board of Directors. Hospital Members admitted to membership prior to March 1st of any year shall pay dues for the full fiscal year. If such membership is accepted on or after March 1st, dues are prorated monthly based on AzHHA's fiscal year, which ends December 31st of each year.

This application has been approved for Hospital Membership by the AzHHA Board of Directors.

Chairman of the Board _____

Signature _____

Date _____