

# Application for Healthcare Membership



## Healthcare Membership

Any organization doing business in Arizona, not for profit, investor-owned or government operated, that provides direct patient care services to people, provides health insurance or coverage, or offers consumer support to patients and families as a substantial part of its activities is eligible to become a Healthcare Member.

### 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 \_\_\_\_\_

All applications for Healthcare Membership must be reviewed by AzHHA's president and chief executive officer. 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 \_\_\_\_\_

**II. Application Approval**

This application has been approved for Healthcare Membership by the AzHHA president and chief executive officer:

Signature \_\_\_\_\_

Date \_\_\_\_\_