



APPLICATION FOR ASSOCIATE MEMBERSHIP

Name of Business/Organization: _____

Name of Representative: _____

Title: _____ Phone: _____

E-mail address: _____ Website: _____ Fax: _____

Address: _____ Zip _____

Mailing Address (if different from above): _____ Zip _____

Business Description: _____

Reason for Applying: _____

Please list your areas of expertise: _____

Select your level of membership: Standard Premium

Please refer to the member benefits chart for more details.

Signature: _____ Date: _____

Sponsor's Name (if applicable): _____

DUES: Annual Associate Membership Dues are offered at two levels:
\$750.00 for Standard & \$1,500 for Premium membership.

The annual period runs from July 1 - June 30. Dues are pro-rated by quarter if membership is approved after first quarter of the fiscal year.

Please note: Dues will be invoiced when application is approved by the HAH Board of Directors. Membership is not effective until application is approved & dues are received.

Phone: (808) 521-8961 | Fax: (808) 599-2879 | HAH.org | 707 Richards Street, PH2 - Honolulu, HI 96813

Affiliated with the American Hospital Association, American Health Care Association, National Association for Home Care and Hospice, and National Hospice and Palliative Care Organization

Associate & Affiliate Membership Benefits	Standard	Premium
Listing in the Association Membership Directory	✓	✓
Attend the Annual Membership Meeting	✓	✓
Free or member-discounted education	✓	✓
Receive Association communications, including our weekly e-newsletter	✓	✓
Access member-only reports and data	✓	✓
Post job openings on the website	✓	✓
<i>"New Member Welcome"</i> in the e-newsletter	✓	✓
Participation in selected HAH events	✓	✓
Logo recognition at the Annual Membership Meeting		✓
Logo on website's Membership Listing page		✓
<i>"Member Spotlight"</i> feature in our e-newsletter		✓
Special sponsorship opportunities at HAH Events		✓
Annual Membership Dues	\$750	\$1,500