Healthcare Association of Hawaii

APPLICATION FOR ASSOCIATE MEMBERSHIP

Name of Firm: _____

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: _____

Signature: _____ **Date:** _____

Sponsor's Name (if applicable): _____

Associate Membership provides the opportunity to:

- *Receive notification of all Association educational institutes, workshops and seminars*
- *Participate in the Association Annual Membership Meeting*
- *Network with industry leaders and management*
- *Receive complimentary copies of Association publications*
- *Access to the Association's health-related legislation tracking*

DUES: Annual Associate Membership Dues are $500.00. 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: Membership is not effective until 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, American Association for Homecare and Council of State Home Care Associations