



AMERICA'S  
ESSENTIAL  
HOSPITALS

## Membership Application

Corporate affiliate members are companies or organizations providing products and services for essential hospitals. To apply for a corporate affiliate membership, please select your level of membership and complete the information below. Providing the key contacts within your organization will enable us to communicate effectively to your staff and ensure their timely receipt of pertinent information and notices. Applicants also must sign the Corporate Affiliate Member Policy and Guidelines document.

CORPORATE AFFILIATE MEMBERSHIP LEVEL (Please select one)	
<input type="checkbox"/> Basic corporate affiliate member (\$5,000)	<p>Benefits include the following:</p> <ul style="list-style-type: none"><li>• One complimentary registration to VITAL, the association's annual conference, and additional registrations at a discounted member rate</li><li>• Recognition at America's Essential Hospitals events</li><li>• Company profile and link to homepage on America's Essential Hospitals' website year round</li><li>• Listing in America's Essential Hospitals membership directory</li><li>• Subscription to monthly Best of America's Essential Hospitals newsletter</li></ul>
<input type="checkbox"/> Premier corporate affiliate member (\$15,000)	<p>Benefits include the following:</p> <ul style="list-style-type: none"><li>• Opportunity to discuss industry trends through participation in a Business Advisory Council</li><li>• Introduction letter to member CEOs from America's Essential Hospitals</li><li>• Two complimentary registrations to VITAL, the association's annual conference, and additional registrations at a discounted member rate</li><li>• Recognition at America's Essential Hospitals events</li><li>• Company profile and link to homepage on America's Essential Hospitals' website year round</li><li>• Listing in America's Essential Hospitals membership directory</li><li>• Subscription to monthly <i>Best of America's Essential Hospitals</i> newsletter</li></ul>



AMERICA'S  
ESSENTIAL  
HOSPITALS

## Membership Application

ORGANIZATIONAL INFORMATION			
Submission date			
Applicant organization			
Business address			
Address 1			
Address 2			
City, state, ZIP			
Main phone		Fax	
Website			
Company description, 75-100 words (for use on website and in marketing materials)			
Please attach institution logo (high-resolution vector image)			

### LEADERSHIP AND PRIMARY CONTACTS

ORGANIZATION PRESIDENT/CEO			
Name			
Title			
Organization name			
Business mailing address			
Address 1			
Address 2			
City, state, ZIP			
Physical address of President/CEO's office (if different from above)			
Address 1			
Address 2			
City, state, ZIP			
Phone (direct dial)		Fax	
Email		Website	
Assistant's name		Asst. Phone	
Assistant's email			



AMERICA'S  
ESSENTIAL  
HOSPITALS

## Membership Application

PRIMARY CONTACT (For membership account maintenance and correspondence)			
Name			
Title			
Phone (direct dial)		Fax	
Email			
Business mailing address			
Address 1			
Address 2			
City, state, ZIP			
Assistant's name		Asst. phone	
Assistant's email			

BILLING CONTACT, IF DIFFERENT FROM PRIMARY CONTACT (For association annual dues invoicing)			
Name			
Title			
Phone (direct dial)		Fax	
Email			
Business mailing address			
Address 1			
Address 2			
City, state, ZIP			
Assistant's name		Asst. phone	
Assistant's email			

MARKETING CONTACT, IF DIFFERENT FROM PRIMARY CONTACT (For event registration and logistics, website presence, and related marketing items )			
Name			
Title			
Phone (direct dial)		Fax	
Email			
Business mailing address			
Address 1			
Address 2			
City, state, ZIP			
Assistant's name		Asst. phone	
Assistant's email			

Please return membership application form to: Katie Zimmerman, marketing associate, at [kzimmerman@essentialhospitals.org](mailto:kzimmerman@essentialhospitals.org).