

MEMBERSHIP APPLICATION

Associate Type 8A Institutional



TEXAS HOSPITAL ASSOCIATION

The Type 8A membership category in the Texas Hospital Association is for non-profit health care-related organizations, government health agencies, home health agencies and out-of-state hospitals.

Organization Name _____

Mailing Address _____

City _____ County _____ State _____ Zip _____

Phone (area code) _____ Fax (area code) _____

Location Address (if different from mailing address) _____

Web Site Address _____

Name/Title of THA Membership Representative (This individual will be THA's contact for your organization's membership. All mailings and communications will be sent to him/her.):

Briefly describe how your organization is related to the health care field:

Signature _____ Title _____ Date _____

(Membership Representative)

Annual membership dues for Associate Type 8A Institutional Membership are \$250. The THA dues year for all members begins September 1 and ends August 31. At the time applicants are approved for institutional membership, they will pay dues for one full year.

Enclosed is a check for \$ _____, payable to THA.

SEND TO: Membership Administration, THA, P.O. Box 95353, Grapevine, Texas 76099 • Telephone 512/465-1000