AFFILIATE MEMBERSHIP APPLICATION
Type IIIA - Non-Profit Organization

The Type IIIA Affiliate Membership category in the Washington State Hospital Association is for non-profit health care-related organizations, government health agencies, and home health agencies.

Organization Name

Mailing Address

City ___________________________ County ___________________________ State _______ Zip ____________

Phone (area code) ___________________________ Fax (area code) ___________________________

Location Address (if different from mailing address) ________________________________________________

Website Address __________________________________________ Year Established ______________

1) Name/Title of WSHA Affiliate Member Type IIIA Representative. This individual will be WSHA’s contact for your organization’s membership. All mailings and communication will be sent to this individual.

Name __________________________________________ Title __________________________________________

Mailing Address (if different from mailing address above) ___________________________________________

Email Address ______________________________________ Phone (area code) _______________________

2) Name/Title of WSHA Affiliate Member Type IIIA Representative. This individual (if other than name provided above) will be WSHA’s contact for your organization’s renewal/receipt of invoice.

Name __________________________________________ Title __________________________________________

Mailing Address (if different from mailing address above) ___________________________________________

Email Address ______________________________________ Phone (area code) _______________________

Please provide a brief description of your organization or attach description ____________________________________________________________

________________________________________________________________________________________

___ I am interested in learning more about sponsorship opportunities at WSHA events

Current WSHA Member Clients:

________________________________________________________________________________________

Annual Membership dues for Non-Profit Affiliate Member Type IIIA is $2,800. Affiliate membership is for the calendar year. Renewals begin January 1 for the following year. New organizations applying for Affiliate Membership after March 1 will have pro-rated dues. Once membership is approved by WSHA Executive Council an invoice will be sent for the annual membership fee. Please complete application and submit to: Cynthia Hay, cynthiah@wsha.org, Phone 206 216-2526.

For WSHA use only

Application Received Date: ________________________________________________________________

Approval Signature: _____________________________________________________________________

Approved Date: _______________________________________________________________________

Invoiced Date: ________________________________________________________________________