

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

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

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

Current WSHA Member Clients:

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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@wsaha.org](mailto:cynthiah@wsaha.org), Phone 206 216-2526.

**For WSHA use only**

Application Received Date: \_\_\_\_\_

Approval Signature: \_\_\_\_\_

Approved Date: \_\_\_\_\_

Invoiced Date: \_\_\_\_\_