

Nevada Hospital Association

Associate Membership Application

Thank you for your interest in membership with the Nevada Hospital Association (NHA). Associate membership is reserved for health-related organizations having an interest in association activities and services. Associate membership is not available to state-licensed hospitals.

1) Please complete the following required fields:

Business Name:	
Business Type:	
Physical Address:	
Mailing Address:	
City:	
State:	
ZIP:	
CEO or Executive Name:	
CEO Phone Number:	
Name of Person Completing Application:	
Phone Number:	Email:

2) CEO or Executive Letter

In order for your membership application to be processed, the CEO or Executive of your organization must submit a letter to the CEO of the Nevada Hospital Association officially requesting membership, including services offered, key benefits to our members, and any Nevada clients. A check in the amount of \$50 made payable to Nevada Hospital Association must also be submitted along with the letter and this application. The membership application and letter will be presented to the NHA Board of Directors for review and approval. Upon approval of membership, this application fee will be subtracted from the dues amount you owe for the remainder of the calendar year. If membership is denied, the \$50 fee will be refunded to you.

Associate Member Dues are \$1500/calendar year and are due on January 1st. Memberships that are approved after the start of the calendar year will be eligible for pro-rated dues after April 1.

If you have any questions regarding this application or the status of your membership request, please contact Eva LaBarge, Vice President of Operations, at (775) 827-0184 or send an e-mail to eva@nvha.net.

Please submit your completed application, CEO letter & application fee to:

Nevada Hospital Association
Attn: Membership Applications
5190 Neil Road, Suite 400
Reno, NV 89502

