

Arizona Hospital and Healthcare Association

## Associate Membership

Organizations not affiliated with an Arizona hospital or healthcare organization but providing or arranging for the provision of inpatient, outpatient, or other health-related services are eligible to become Associate Members.



### I. Applicant Information

Name of Organization \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

FAX Number \_\_\_\_\_

CEO Name \_\_\_\_\_

Title (if other than CEO) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

All applications for associate membership must be approved by the president and chief executive officer of the Arizona Hospital and Healthcare Association (AzHHA). The association may, at the sole discretion of its Board of Directors, grant or deny any application for membership and may censure, suspend or expel any member, in conformance with the AzHHA bylaws.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title (if other than CEO)

\_\_\_\_\_  
Date

Advocate > Collaborate > Achieve

Associate members admitted to membership prior to March 1 of any year shall pay dues for the full fiscal year. If such membership is accepted on or after March 1, dues are prorated monthly based on AzHHA's fiscal year, which ends December 31 of each year.

## II. Application Approval

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John R. Rivers, FACHE  
President and Chief Executive Officer  
Arizona Hospital and Healthcare Association

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Date of Approval