|  |  |
| --- | --- |
| CHGLogo | **Membership Application** |

|  |  |  |
| --- | --- | --- |
| ***Please return application with payment to:*****CENTER FOR HEALTHCARE GOVERNANCE**155 N. Wacker Drive Suite 400Chicago, IL 60606**PHONE:** (888) 540-6111**FAX:** (312) 422-4650 |

|  |
| --- |
| **With Center membership you receive Five credits to a symposium or 2 for small rural membership. Also can be applied toward a speaker.** |

 |

|  |
| --- |
| **Membership Information** |

PLEASE COMPLETE ALL INFORMATION ON THIS FORM. PLEASE PRINT OR TYPE.

**Organization Information:**

* Name:
* Mailing Address:
* City: State: Zip:

**CEO/President Contact Information:**

* Name:
* Email:
* Title:
* Phone: Fax:

**Main Contact Information:** *(If President/CEO is not main contact.)*

* Name:
* Email:
* Title:
* Phone: Fax:

**Executive Assistant Contact Information:**

* Name:
* Email:
* Title:
* Phone: Fax:

**Board Chair Contact Information:**

* Name: Email:

|  |
| --- |
| **Membership Annual Fee** |

**AHA Member $10,000 for 100 bed facility or more\_\_\_\_\_\_\_\_**

**Non-AHA Member $11,000 \_\_\_\_\_\_\_**

**AHA Small Rural under 100 beds $5,000\_\_\_\_\_\_\_\_**

**Non-AHA Small Rural under 100 beds $6,000\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| **Membership Payment Information** |

**[ ] Check Enclosed** Make checks payable to: **Center for Healthcare Governance**

**[ ] Bill Me**

**[ ] Charge my Card** **[ ]** Visa **[ ]** American Express**[ ]** MasterCard

Cardholder Name:

Card Number: Expiration Date:

Signature:

|  |
| --- |
| **Additional Information** |

The Center for Healthcare Governance produces a bi-weekly email as well as other periodic emails that help trustees and health care executives stay up to date with current information on governance and health care related topics. If you would like your trustees or anyone else interested in these topics and issues added to the Center’s email distribution list, please list them below.

|  |  |
| --- | --- |
| **Name:** | **Email:** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |