



## Associate Corporate Member Application

*Application is hereby made for associate membership in the Hospital Association of Southern California.  
Applicant agrees to abide by the bylaws and all rules and regulations.*

**Applicant's Name** \_\_\_\_\_

**Title** \_\_\_\_\_

**Business Name** \_\_\_\_\_

**Business Website** \_\_\_\_\_

**Standard Industrial Classification (SIC) Code** \_\_\_\_\_

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

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

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Email** \_\_\_\_\_

**Type of Business** (describe briefly):

### **Business References** (from Southern California hospitals. Required information.)

1. **Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Company's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

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

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

2. **Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Company's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

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

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

## Directory Information

### *Executive Management*

Please list in the order to be published in the membership directory, beginning with the CEO.

1. \_\_\_\_\_  
(Name of CEO) (Title) (Email)
  2. \_\_\_\_\_  
(Primary Contact, Southern CA) (Title) (Email)
  3. \_\_\_\_\_  
(Name) (Title) (Email)
  4. \_\_\_\_\_  
(Name) (Title) (Email)
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### *Application Process*

Applications for associate membership are subject to review by the Executive Committee. In reviewing applications, there may be requests for additional information or material. Applicants will be notified of membership effective date. Completed membership application forms should be sent to Membership Services at Hospital Association of Southern California, 515 South Figueroa Street, Suite 1300, Los Angeles, California 90071-3300.

The purpose of associate membership is to serve organizations doing business with member hospitals. Services shall include information services and networking opportunities. The granting of an associate membership does not in any way constitute an endorsement of services and/or products by the Hospital Association of Southern California. Use of the HASC logos or any statements of endorsement without consent of HASC shall result in loss of membership and possible legal action.

Associate Membership is limited to those organizations ineligible for organizational or related membership.

### *Annual Membership Dues*

Dues for associate membership in HASC become payable upon approval for membership:

Individual:	\$1,000	Individual or small firms of three or fewer professionals serving health care clients.
Corporate/ Consulting Firms:	\$2,000	Firms employing more than three professionals serving health care clients (law firms, executive search firms, consulting firms and other health care clients).
Corporate/ Health Care Supplier:	\$3,000	Information systems, technological services, equipment manufacturers and pharmaceutical companies and other suppliers.