



## APPLICATION FOR ASSOCIATE MEMBERSHIP

Date \_\_\_\_\_

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Associate Membership shall be non-voting and shall consist of the following:

- (a) Other healthcare institutions, except hospitals, that provide for the care of patients requiring an inpatient stay.
- (b) Dispensaries, clinics, home health agencies, and other similar organizations for the diagnosis and treatment of the sick and injured, but not rendering inpatient care.
- (c) Groups formally organized for the construction of a new healthcare facility.

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Our company wishes to become an Associate Member of the Louisiana Hospital Association, and in return for the annual fee indicated below, enjoy the following privileges:

- 1. Receive our weekly publication *Impact Weekly* via email.
- 2. Attend educational offerings at the Associate Member rate.
- 3. Eligibility to participate in the LHA Trust Funds which provides affordable Professional Liability, General Liability and Workers' Compensation Coverage.

**Annual Membership Fee** (*includes one company representative*): **\$2,500/yr.**  
**Annual Rate – Each Additional Company Representative:** **\$125.00/yr.**

**Annual Fee for Members of the LHA Trust Funds** is based on a percentage of premium(s); contact Carla Juneau at 225.368.3810 / [carlajuneau@hsl.com](mailto:carlajuneau@hsl.com) for a quote.

Enclosed is our check in the amount of \$\_\_\_\_\_, which includes the annual Membership fee of \$2,500 and \$\_\_\_\_\_ for \_\_\_\_\_ additional representatives.

Signature \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Website \_\_\_\_\_

Type Of Business Engaged In \_\_\_\_\_

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**PRIMARY REPRESENTATIVE INCLUDED WITH \$2,500 ANNUAL MEMBERSHIP FEE**

Primary Representative \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

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

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

**ADDITIONAL REPRESENTATIVES @ \$125.00 Each**

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

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

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

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

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

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