



Associate Member Application

Application is hereby made for Associate Membership in the Hospital Association of San Diego & Imperial Counties (HASD&IC). Applicant agrees to abide by the bylaws and all rules and regulations.

Applicant Name: _____

Title: _____

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Type of Business (describe briefly):

Business References (from San Diego & Imperial County 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) (Title) (Email)
3. _____
(Name) (Title) (Email)
4. _____
(Name) (Title) (Email)

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 materials. Applicants will be notified of membership effective date. Completed membership application forms should be sent to Membership Services at Hospital Association of San Diego & Imperial Counties (HASD&IC), 5575 Ruffin Road, Suite 225, San Diego, CA 92123; or may also be sent via fax: 858-614-0201.

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 HASD&IC. Use of the HASD&IC logos or any statements of endorsement without consent of HASD&IC 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 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, and consulting firms).
Corporate/ Health Care Supplier/ Provider	\$3,000	Information systems, technological services, manufacturers, managed care organizations, equipment and pharmaceutical companies, and other suppliers. Pre- and post-acute health care organizations, including home health, skilled nursing facilities, and hospice providers.