

# ASSOCIATE DIVERSE SUPPLIER APPLICATION FORM



Application is hereby made to become an associate diverse supplier with the Hospital Association of Southern California. Applicant agrees to abide by the bylaws and all rules and regulations.

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*Organization name*

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*Organization website*

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*SIC code*

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*Mailing street address, city, state and zip*

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*Organization phone*

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*Applicant's name*

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*Business card title*

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*Applicant's phone*

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*Applicant's email*

## Business Description

## Business References

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*Name*

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*Title*

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*Organization name*

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*Street address, city, state and zip*

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*Phone*

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*Email*

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*Name*

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*Title*

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*Organization name*

---

*Street address, city, state and zip*

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*Phone*

---

*Email*

# ASSOCIATE DIVERSE SUPPLIER APPLICATION FORM



## Directory Information

1.	_____	_____	_____
	<i>Name of CEO</i>	<i>Title</i>	<i>Email</i>
2.	_____	_____	_____
	<i>Primary contact, Southern California</i>	<i>Title</i>	<i>Email</i>
3.	_____	_____	_____
	<i>Name</i>	<i>Title</i>	<i>Email</i>
4.	_____	_____	_____
	<i>Name</i>	<i>Title</i>	<i>Email</i>

Please provide a high-quality organization logo with this application.

### Application Process

The HASC Executive Committee will review associate corporate membership applications and may request additional information. Applicants will be notified of membership effective date. Please email completed application forms to [membership\\_services@hasc.org](mailto:membership_services@hasc.org).

The purpose of the associate diverse supplier designation is to serve organizations that aim to do business with HASC member hospitals. Benefits include information services and networking opportunities.

**Granting of the associate diverse supplier designation does not in any way constitute or imply HASC's endorsement of services and/or products.** Use of the HASC logo or any statements of endorsement without consent will result in loss of affiliation and possible legal action.

The associate diverse supplier designation is limited to firms not eligible for organizational or related membership.

### Annual Membership Dues

Dues for associate diverse suppliers are \$750, payable upon approval for membership.

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## CONTACT

KATRINA QUINTO  
Membership Services  
+1 (213) 538-0733  
[kquinto@hasc.org](mailto:kquinto@hasc.org)