

# ASSOCIATE PROVIDER MEMBERSHIP APPLICATION FORM



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.

Organization name

Mailing street address, city, state and zip

Organization website

Organization phone

Applicant's name

Business card title

Applicant's phone

Applicant's email

## Type of Organization

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Home Health Agency     | <input type="checkbox"/> Skilled Nursing Facility | <input type="checkbox"/> Psychiatric Health Facility | <input type="checkbox"/> Adult Residential Care Home   |
| <input type="checkbox"/> Physician Organization | <input type="checkbox"/> Hospice Provider         | <input type="checkbox"/> Assisted Living Facility    | <input type="checkbox"/> Other (please specify): _____ |

Accrediting organization

Last accreditation date

## Ownership Information

Name

Title

Street address, city, state and zip

Telephone

Ext.

Email

Number of employees

## CONTACT

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

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## Directory Information (List your executive team)

1.	_____	_____	_____
	Name of CEO	Title	Email
2.	_____	_____	_____
	Primary contact, Southern CA	Title	Email
3.	_____	_____	_____
	Name	Title	Email
4.	_____	_____	_____
	Name	Title	Email

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

### Application Process

The HASC Executive Committee will review associate provider 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 associate membership is to serve organizations doing business with HASC member hospitals. Benefits include information services and networking opportunities. **The granting of associate membership 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 membership and possible legal action.

### Annual Membership Dues

Associate provider member dues are \$7,500 for the first, or main, location and \$1,000 for each additional site. For organizations enrolling more than ten sites, sites 11 and thereafter pay \$500 per site.

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