

**MISSOURI HOSPITAL ASSOCIATION  
ASSOCIATE MEMBERSHIP APPLICATION**

Submit to:  
MISSOURI HOSPITAL ASSOCIATION  
P.O. BOX 60  
JEFFERSON CITY, MO 65102-0060

DATE \_\_\_\_\_

Name of applicant or chief executive: \_\_\_\_\_

Title and credentials (M.D./MHA/FACHE/Mr./Ms.): \_\_\_\_\_

Name of Company/Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Please describe the corporate/organizational makeup and services offered by the company/organization: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Type of ownership or control:

\_\_\_\_\_ Not-For-Profit Corporation

\_\_\_\_\_ Partnership

\_\_\_\_\_ For-Profit Corporation

\_\_\_\_\_ Sole Proprietor

\_\_\_\_\_ Professional Corporation

\_\_\_\_\_ Public Agency

Please list the company's/organization's federal tax I.D. number: \_\_\_\_\_

Please list other professional memberships you and the company/organization with which you are affiliated hold or other associations to which you or the company/organization with which you are affiliated belong: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If applicable, please list the names of members of the board of directors:

Chairman/President: \_\_\_\_\_

Vice President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Others: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please attach a list of senior staff and their titles to facilitate any efforts to assist the company's/organization's management team.

This company/organization understands that associate members are non-voting members of the Missouri Hospital Association and that this application is subject to approval by the Missouri Hospital Association Board of Trustees.

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_