

CHA Associate Membership Application

Engage with key buyers and decision makers when you harness the marketing power of CHA!

Name of Organization _____

Street Address _____

City _____

State _____

Zip Code _____

Office Phone _____

Fax _____

Website _____

Primary Contact Person _____

Title _____

Primary Contact's Phone _____

Primary Contact's Email Address _____

Primary Business Product Service _____

Twitter Handle _____

General Information/Purpose of Your Organization

Please provide a brief statement (25 words maximum) explaining the principal function and purpose of your organization and its relationship to Colorado's health care industry.

I am interested in learning more about exhibiting opportunities at CHA events

I am interested in learning more about sponsorship opportunities at CHA events

Associate Membership Fee - \$1000

Credit Card Option:

Visa MasterCard AMEX

Checks Payable to: Colorado Hospital Association

Name _____ Exp. Date _____

Number _____ CVV Code _____

Billing Address _____

Signature _____

Please email, mail or fax your application and payment to: Kyle Jay, membership coordinator

(e) kyle.jay@cha.com | (t) 720.330.6041 | (f) 720.496.2377

Colorado Hospital Association | 7335 E. Orchard Rd | Greenwood Village, CO 80111

Associate Membership in CHA is not an endorsement of an individual company or organization. Use of the CHA logo without express written consent shall result in cancellation of membership without refund of dues.



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Colorado Hospital Association

For more information, contact Kyle Jay at Kyle.Jay@cha.com or 720.330.6041 | Contact staff to explore and create opportunities