

# 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 Name \_\_\_\_\_

Title \_\_\_\_\_

Primary Contact's Phone \_\_\_\_\_

Primary Contact's Email Address \_\_\_\_\_

Primary Business Industry \_\_\_\_\_

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 (Attn: Education Manager)

Name \_\_\_\_\_ Exp. Date \_\_\_\_\_

Number \_\_\_\_\_ CVV Code \_\_\_\_\_

Billing Address \_\_\_\_\_

Signature \_\_\_\_\_

Please email or mail your application and payment to: Valerie Siebert-Thomas, education manager

(e) Valerie.SiebertThomas@cha.com | (t) 720.330.6024

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.



For more information, contact Valerie Siebert-Thomas at [Valerie.SiebertThomas@cha.com](mailto:Valerie.SiebertThomas@cha.com) or **720.330.6024**

Contact staff to explore and create opportunities