

CHA Associate Membership Application

LEARN | PROMOTE | CONNECT | STAY INFORMED | COLLABORATE

Name of Organization

Street Address

City

State

Zip Code

Phone

Website

Business Category or Industry

Twitter Handle

PRIMARY CONTACT

Name

Title

Street Address

City

State

Zip Code

Phone

Email

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, CHA education manager

(e) Valerie.SiebertThomas@cha.com | (o) 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.



Colorado Hospital Association

For more information, contact Valerie Siebert-Thomas at Valerie.SiebertThomas@cha.com or 720.330.6024

Contact staff to explore and create opportunities