

# CHA Associate Membership Application

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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

**2023 Associate Membership Fee: \$1,150**

*Checks Payable to: Colorado Hospital Association  
(Attn: Manager, Education and Sponsorships)*

Credit Card Option:

Visa  MasterCard  AMEX

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

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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please email or mail your application and payment to: Valerie Siebert-Thomas, CHA Manager, Education and Sponsorships  
(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.*



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