



WHA Corporate Membership Program Application

Please indicate the level of 2010 corporate membership for which your organization is applying:

Membership Level	Membership Fee	
Corporate Champion	\$10,000 +	<input type="checkbox"/>
Corporate Partner	\$5,000	<input type="checkbox"/>
Corporate Patron	\$2,500	<input type="checkbox"/>
Corporate Sponsor	\$1,000	<input type="checkbox"/>

Please complete the following information:

(This information will be used as your company's listing in the WHA Membership Directory.)

Company Name: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

Company Website: _____

Business Contact Name: _____ Title: _____
(to be listed in directory)

Business Contact Email: _____

Marketing Contact Name: _____ Title: _____
(to receive info from WHA in '10;
NOT listed in directory)

Marketing Contact Phone: _____ Email: _____

Method of Payment

Check Enclosed: Make check payable to: **Wisconsin Hospital Association**

Visa or MasterCard Card Number: _____

Expiration Date: _____

Cardholder's Name: _____

Cardholder's Billing Address: _____

Cardholder's City/State/Zip: _____

Amount: _____

- Credit card payments can be faxed to 608-274-8554, Attn: Sherry Collins
- Check payments can be mailed to: Wisconsin Hospital Association,
Attn: Corporate Membership
PO Box 259038, Madison, WI 53725-9038

Application - continued

Choose a Category:

Corporate members are listed in a variety of ways in the WHA Membership Directory in an effort to make the directory more user-friendly. Please mark the **ONE** category below that best fits your organization, to assist in this effort:

- | | |
|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Hospital/Primary Care Facility |
| <input type="checkbox"/> Architectural/Physical Plant | <input type="checkbox"/> Information Systems |
| <input type="checkbox"/> Clinical Services | <input type="checkbox"/> Insurance Risk Management |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Legal Firm |
| <input type="checkbox"/> Consulting Engineer – Hospital | <input type="checkbox"/> Marketing/Communications |
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Medical Equipment |
| <input type="checkbox"/> Health Care Consultant | <input type="checkbox"/> Medical Services |
| <input type="checkbox"/> Health Insurer | <input type="checkbox"/> Miscellaneous |
| <input type="checkbox"/> Health Supplier | <input type="checkbox"/> Recruiting/Staffing |
| <input type="checkbox"/> Home Care | <input type="checkbox"/> Retirement Plans |

Organization Description

Please provide a brief statement (150 words max.) explaining principal function/purpose of your organization and its relationship to Wisconsin's health care industry. This information will be used as part of your company's listing in the WHA Membership Directory.

(Please type or print below, attach a hard copy, – OR – e-mail to Sherry Collins at scollins@wha.org)

Valued Voice Newsletter Electronic Subscriptions

All levels of membership include access to the e-version of the weekly Valued Voice newsletter. Please list the name and e-mail address of each person in your company who would like to receive this newsletter via e-mail. The Business Contact and Marketing Contact will be automatically added, unless otherwise requested.

Name	E-mail Address
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