

NATIONAL ASSOCIATION OF URBAN HOSPITALS

Private Safety-Net Hospitals Caring for Needy Communities

HOSPITAL MEMBERSHIP APPLICATION

- Full Membership** (2007 Annual Dues - \$12,000)
 Associate Membership, part of same system or
otherwise related to full member (2007 Annual Dues - \$5,000)

Name of related hospital member: _____

Please Print or Type

Name of **HOSPITAL** or **HOSPITAL SYSTEM** _____

ADDRESS _____

PHONE _____ **FAX** _____

Name of **CHIEF EXECUTIVE OFFICER** _____

Name of **CHIEF FINANCIAL OFFICER** _____

Name of **GOVERNMENT RELATIONS REPRESENTATIVE** _____

Title _____

Phone _____

Name of **Contact Person for NAUH** _____

Title _____

Phone _____

E-mail _____

I have read the Articles of Incorporation, Bylaws and Dues Structure and agree to observe all provisions, and pay all applicable fees, dues, and assessments.

Signature of Authorized Agent

Printed Name of Authorized Agent