

# NATIONAL ASSOCIATION OF URBAN HOSPITALS

*Private Safety-Net Hospitals Caring for Needy Communities*

## HOSPITAL MEMBERSHIP APPLICATION

**Full Membership - Annual Dues - \$12,000**

**Hospital**

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**Address**

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**Website:**

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**Chief Executive Officer/contact**

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**Chief Financial Officer/contact**

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**Govt. Relations Officer/contact**

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**Name and contact information of your staff member that will Participate in NAUH:**

**Name/telephone/email**

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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**

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April 22, 2010

**Printed Name of Authorized Agent** \_\_\_\_\_