



— ASSOCIATE MEMBER APPLICATION FORM —

2 WAYS TO SIGN UP

Email: ihatradeshows@ihaonline.org | Mail: 100 E Grand, Ste 100 • Des Moines, IA 50309

PLEASE REMEMBER TO COMPLETE ALL FIELDS ON THIS FORM FOR RENEWALS AND NEW APPLICATIONS

1 MEMBERSHIP INFORMATION

Organization Information Information listed below will be used in the membership directory/website.

Organization Name
Street Address City State ZIP
Website
Telephone Fax

2 BILLING INFORMATION

Billing Information Invoices will be sent to this address. This information will not be published.

Bill information/address is the same as address provided in Section 1

Organization Name
Street Address City State ZIP

3 CONTACT INFORMATION

Chief Executive Officer

CEO Name Email Address (required)

Primary Marketing Contact All correspondence for trade shows and sponsorships will be sent to this contact.

Primary Contact Name Title
Email Address (required) Telephone

Secondary Marketing Contact

Contact Name Title
Email Address (required) Telephone

Additional Contact

Contact Name Title
Email Address (required) Telephone

4
BUSINESS
INFORMATION

Primary Business Product / Service *Please select all that apply.*

- Advertising Agency
- Accounting
- Accounts Receivable
- Architecture/Design
- Billing Services
- Cancer Services
- Child Care
- Collection Services
- Construction
- Data Analysis
- Education
- Engineering
- Home Care
- Financial Benefit Services
- Food Service
- Group Purchasing
- Health Care Furnishings
- Heating/Cooling System
- Hospice
- Information Technology
- Insurance
- Interior Design
- Legal
- Management/Information Consulting
- Marketing/Research
- Medical Equipment
- Nurse Call Systems
- Organ Recovery
- Patient Satisfaction
- Promotional Items
- Rehabilitation
- Signage
- Staffing/Recruitment
- Therapy Services
- Other: _____

Company Description

Please furnish a brief statement explaining the principal function and purpose of your organization and its relationship to Iowa's health care industry. *Company Description (Typed description or include electronically. Please do not exceed 400 words. IHA will shorten descriptions longer than the limit provided.)*

Facebook

Twitter

LinkedIn

5
PAYMENT

The price for Associate Membership is \$990; full payment is required for membership to be processed.

- Option 1: Bill my institution.
- Option 2: Enclosed is my check payable to IHA.
- Option 3: Pay with credit card by phone - 515-288-1955:

FOR IHA OFFICE USE ONLY

Date Received _____

Check # _____

Check Total \$ _____