

2022 BUSINESS ASSOCIATE MEMBER APPLICATION

***Please complete the following as you would like it to appear in our directory and on our website.**

Company Name _____

Address _____ City/State _____ Zip _____

Phone _____ Website _____

Contact person's name/title _____

Contact person's email _____

Please provide a brief description of your organization and its products/services to be used for internal and marketing purposes. Attach a separate sheet if needed. (If you'd like assistance, please contact IHA Director of Marketing & Communications Kathy Kirvin at kkirvin@iroquois.org) _____

SELECTION(S)	MENU OF OPTIONS	COST
	Basic Business Associate Membership	\$1,000
	Enhanced Business Associate Membership	\$5,000
	Elite Business Associate Membership	\$10,000
	A la Carte Option(s) (i.e. sponsorship(s)):	\$
	TOTAL:	\$

PAYMENT INFORMATION

Check your desired method of payment: Visa MC Discover AMEX Check

Credit Card No. _____ Exp. Date _____ CVV: _____

Cardholder's Name _____ Signature _____

****Please note, your Business Associate Membership/Sponsor application will not be processed until there has been approval by the IHA Board of Directors (for membership) and payment is received in full.***

If paying by credit card, please email contract with payment information to:
 Iroquois Healthcare Association
mboese@iroquois.org

If paying by check, please mail in contract with payment to:
 Iroquois Healthcare Association
 Attn: Associate Membership Program
 15 Executive Park Drive
 Clifton Park, NY 12065