

<b>Internal Use</b>		<h1 style="margin: 0;">HHN INDIVIDUAL / AFFILIATE MEMBERSHIP APPLICATION</h1> <p style="margin: 0; font-size: small;"> <b>HEALTHCARE HOSPITALITY NETWORK, INC.</b>                  P.O. Box 1439 Gresham, OR 97030                  800.542.9730   Fax 503.379.9451  <a href="mailto:kechols@hhnetwork.org">kechols@hhnetwork.org</a>   <a href="http://www.hhnetwork.org">www.hhnetwork.org</a> </p>	
Category: <b>I/A</b>	Received:		
<b>ORGANIZATION INFORMATION</b>			
<b>Organization or Individual Name:</b>			<b>Date:</b>
<b>Phone Number:</b>	<b>Fax Number:</b>	<b>E-mail:</b>	
		<b>WWW:</b>	
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>	
<b>GENERAL INFORMATION</b>			
<b>What services does your organization provide?</b>			
<b>Who do you serve?</b>			
<b>Why are you interested in being a member of HHN?</b>			
<b>How did you hear about HHN?</b>			
<input type="checkbox"/> Internet Search <input type="checkbox"/> HHN Member <i>(Please include the name of the member):</i> <input type="checkbox"/> Hospital or Healthcare System <i>(Please include the name of the hospital/system):</i> <input type="checkbox"/> Other: <i>(Please describe):</i>			
<b>CONTACT INFORMATION</b>			
<b>Primary Contact:</b>		Position:	
Phone:	E-mail:		
<b>Secondary Contact:</b>		Position:	
Phone:	E-mail:		
<b>BILLING INFORMATION</b>			
<i>Membership dues are invoiced upon approval of application.</i>			
Name:		Position:	
Billing Address:		Phone:	
City:	State:	ZIP Code:	
<b>HHN MEMBERSHIP</b>			
<b>Individual / Affiliate Membership - \$275.</b> Membership is available to a group, corporation, or individual interested in fostering development of the HHN concept. As a member of HHN, we/I recognize our/my responsibility to participate actively in the business of the Association, including responding to surveys, submitting statistical data on services rendered, attending and actively participating at the Annual Meeting, and complying with the various provisions of the HHN Bylaws.			
Signature of applicant:			Date:
Printed name:			Position:

**Please send completed forms by email, fax or USPS:**  
 Email [bquinn@hhnetwork.org](mailto:bquinn@hhnetwork.org) | Fax 503.379.9451  
 HHN | P.O. Box 1439 | Gresham, OR 97030

