

<b>Internal Use</b>	<b>HHN MEMBERSHIP APPLICATION</b>	
	<b>HEALTHCARE HOSPITALITY NETWORK, INC.</b> P.O. Box 1439 Gresham, OR 97030 1.800.542.9730 ext. 101   <a href="mailto:kechols@hhnetwork.org">kechols@hhnetwork.org</a>   <a href="http://www.hhnetwork.org">www.hhnetwork.org</a>	
<b>HOSPITAL HOSPITALITY HOUSE INFORMATION</b>		
<b>House Name:</b>		<b>Date:</b>
<b>Phone Number:</b>	<b>Fax Number:</b>	<b>E-mail:</b>
		( <b>Website</b> ) <a href="#">www.</a>
<b>Physical Address:</b>		<b>House Location:</b>
<b>Mailing Address (if different):</b>		<input type="checkbox"/> In a hospital <input type="checkbox"/> On a hospital campus <input type="checkbox"/> Within a mile of a hospital <input type="checkbox"/> A mile or more away from hospital
<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
<b>INFORMATION ABOUT SERVICES</b>		
<b>Hospitals served</b> (please list full names of hospitals)	<b># ROOMS:</b>	<b>Ages Served</b> (check all that apply): <input type="checkbox"/> Any (no age restrictions) <input type="checkbox"/> Adults and Children up to age 18 <input type="checkbox"/> Adults and Children up to age 21 <input type="checkbox"/> Adults ONLY <input type="checkbox"/> AYA's (Adolescents and Young Adults; Ages 15-39) <input type="checkbox"/> Other (please explain):
	<b>COST/night</b> (amount):  Check all that apply: <input type="checkbox"/> Suggested Donation <input type="checkbox"/> Set rate <input type="checkbox"/> Sliding scale	
<b>Year house opened/estimated date to open:</b>	<b># STAFF:</b> Full-time: Part-time:	<b>Patient(s) Served:</b> <input type="checkbox"/> Any diagnosis <input type="checkbox"/> Cancer Only <input type="checkbox"/> Transplant Only <input type="checkbox"/> Other (please explain):
<b>How many houses/locations do you have?</b>	<b># VOLUNTEERS:</b>	
<b>Do you provide other resources to your guests (please explain):</b>	<b># GUESTS</b> served (annually – if known):	<b>Guests Served:</b> <input type="checkbox"/> Caregivers and Families (no patients) <input type="checkbox"/> Outpatients and Families/Caregivers <input type="checkbox"/> Other (please explain):
	<b># NIGHTS</b> of Lodging provided (annually – if known):	
<b>CONTACT INFORMATION</b>		
<b>Primary Contact:</b>		<b>Position:</b>
<b>Phone:</b>	<b>E-mail:</b>	
<b>Secondary Contact:</b>		<b>Position:</b>
<b>Phone:</b>	<b>E-mail:</b>	
<b>BILLING INFORMATION ALL MEMBERSHIP DUES ARE INVOICED</b>		
<b>Name:</b>		<b>Position:</b>
<b>Billing Address:</b>		<b>Phone:</b>
<b>E-mail Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>PLEASE SEE REVERSE SIDE TO COMPLETE APPLICATION</b>		

<b>MEMBERSHIP TYPE (EACH MEMBER ORGANIZATION HAS ONE VOTE)</b>				
<input type="checkbox"/> <b>House Member</b> - \$500 annually. Open to operating non-profit hospitality house programs. House Members are voting members of HHN ( <i>one delegate per house</i> ).				
<input type="checkbox"/> <b>Provisional Member</b> - \$500 annually. Open to those actively working to establish a hospitality house. May or may not have received nonprofit status at time of application. Provisional Members are voting members ( <i>one delegate per organization</i> ).				
<b>Nonprofit status:</b> <i>You must provide proof of nonprofit (501c3) status of your organization or of your parent/sponsoring organization.</i>				
You must provide a copy of your IRS 501(c)3 determination letter. If you have not yet received the determination letter, please send a copy when it becomes available. <ul style="list-style-type: none"> <li><input type="checkbox"/> Have filed for nonprofit/501(c)3 status but have not received approval as of today. Filed date: _____</li> <li><input type="checkbox"/> Have not filed for nonprofit/501(c)3 status. Anticipated date of filing: _____</li> <li><input type="checkbox"/> Independent Nonprofit Organization</li> <li><input type="checkbox"/> Dependent Nonprofit Organization*</li> </ul>				
*If you checked *, please provide the name and type of sponsoring organization under whose non-profit affiliation you operate: <b>Name of Sponsoring Organization, if applicable:</b>				
Type of Sponsoring Organization: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> American Cancer Society  <input type="checkbox"/> Church or Faith-Based Organization  <input type="checkbox"/> Corporate or Commercial Vendor  <input type="checkbox"/> Fisher House Foundation  <input type="checkbox"/> Government entity (such as the VA)  <input type="checkbox"/> Healthcare or Health plan system  <input type="checkbox"/> Other (please specify):               </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> Hospital: Auxiliary or Foundation  <input type="checkbox"/> Hospital: Multiple hospitals  <input type="checkbox"/> Hospital: Single hospital  <input type="checkbox"/> Nonprofit: Dependent (part of another nonprofit organization)  <input type="checkbox"/> Nonprofit: Independent (our own nonprofit)  <input type="checkbox"/> Private: personally or family sponsored  <input type="checkbox"/> Ronald McDonald House/Ronald McDonald House Charities               </td> </tr> </table>			<input type="checkbox"/> American Cancer Society <input type="checkbox"/> Church or Faith-Based Organization <input type="checkbox"/> Corporate or Commercial Vendor <input type="checkbox"/> Fisher House Foundation <input type="checkbox"/> Government entity (such as the VA) <input type="checkbox"/> Healthcare or Health plan system <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Hospital: Auxiliary or Foundation <input type="checkbox"/> Hospital: Multiple hospitals <input type="checkbox"/> Hospital: Single hospital <input type="checkbox"/> Nonprofit: Dependent (part of another nonprofit organization) <input type="checkbox"/> Nonprofit: Independent (our own nonprofit) <input type="checkbox"/> Private: personally or family sponsored <input type="checkbox"/> Ronald McDonald House/Ronald McDonald House Charities
<input type="checkbox"/> American Cancer Society <input type="checkbox"/> Church or Faith-Based Organization <input type="checkbox"/> Corporate or Commercial Vendor <input type="checkbox"/> Fisher House Foundation <input type="checkbox"/> Government entity (such as the VA) <input type="checkbox"/> Healthcare or Health plan system <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Hospital: Auxiliary or Foundation <input type="checkbox"/> Hospital: Multiple hospitals <input type="checkbox"/> Hospital: Single hospital <input type="checkbox"/> Nonprofit: Dependent (part of another nonprofit organization) <input type="checkbox"/> Nonprofit: Independent (our own nonprofit) <input type="checkbox"/> Private: personally or family sponsored <input type="checkbox"/> Ronald McDonald House/Ronald McDonald House Charities			
<b>HHN PEER SUPPORT</b>				
The best resources for hospital hospitality expertise are HHN members who have shared their experiences, insights, advice, and knowledge in order to help develop the industry. HHN members look to other members for support and guidance as new issues arise. HHN members volunteer to answer questions and provide support to other members. Please let us know if you would like to help other members in any of the following topic areas, or if you'd like assistance in any of these areas. Feel free to add information or specify your areas of interest:				
<input type="checkbox"/> <b>Facility/Building, including:</b> Design; Maintenance	<input type="checkbox"/> <b>Finances, including:</b> Budgets, Donor Appeals, Donations of Goods and Products, Fundraising, Special Events	<input type="checkbox"/> <b>Guest Services, including:</b> Children, Guest Issues, Guest Policies, Faith Issues		
<input type="checkbox"/> <b>Hospital &amp; Community Relationships, including:</b> Hospital Owned/Sponsored Independent and Community Owned/Sponsored Faith-based Owned/Sponsored Hospital Support, Guest & Patient Referrals	<input type="checkbox"/> <b>Human Resources, including:</b> Staffing / Employees; Volunteers; Interns	<input type="checkbox"/> <b>Marketing &amp; Social Media, including:</b> Marketing Plans Public Relations Social Media Telling the Story of Your House		
<input type="checkbox"/> <b>Operations &amp; Governance, including:</b> House Operations, Board of Directors, Bylaws, Emergency Preparedness, Legal Issues & Risk Management, Policies & Procedures	<input type="checkbox"/> <b>Starting or Expanding a Hospitality House, including:</b> Business Plans; Feasibility Plans; Needs Assessment	<input type="checkbox"/> <b>Strategic Planning, including:</b> Measuring Impact; Outcome Measurements; Surveying Guests & Others		
<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</i> ): <input type="checkbox"/> Other ( <i>please specify</i> ):				
<b>HHN MEMBERSHIP</b>				
As a member of HHN, we recognize our responsibility to participate actively in the business of the Association, including responding to surveys, submitting data on services, attending the Annual Meeting, and complying with the various provisions of the HHN Bylaws.				
Signature of applicant:		Date:		
Printed name:		Position:		

**Please send completed form and proof of nonprofit status 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