



**Texas Association for
Healthcare Financial Administration**

Facility Membership

Your hospital or health care provider organization can now join TAHFA as a Facility Member for \$200 annually. Each Facility Member can then designate as many individuals as they like as Facility Associate Members at no additional cost.

What Facilities are Eligible?

To be eligible for Facility Membership, your facility must be located in Texas and must be affiliated with an organization that provides direct patient health-care services. This is a single-location membership - meaning that the membership covers only a single facility location. Each facility within a multi-facility system must join separately. One individual will be designated as the Primary Member to receive dues invoices and to make changes to the facility's "institution" record on the TAHFA website. This category of membership is not intended for non-provider or vendor organizations.

Facility Associate Membership

To be eligible for Facility Associate Membership, you must be employed by a Facility Member in good standing, and your mail must be sent to the Facility Member location. Facility Associate Members are full voting members of TAHFA and receive all member benefits.

TAHFA is a tax-exempt 501 (c)(3) organization whose purposes include:

- ✿ Being a major leadership organization regarding healthcare financial issues for Texas hospitals and other healthcare providers of patient services in Texas.
- ✿ Providing a forum for the interchange of ideas, dissemination of material, and educational opportunities relative to financial issues.
- ✿ Encouraging the interchange of ideas among healthcare financial management personnel in order to promote uniformity and efficiency in healthcare finance.

Membership in TAHFA means:

- ★ Access to great, reasonably priced seminars.
- ★ Access to news and information about Texas healthcare issues and opportunities.
- ★ Associating with hundreds of educated individuals with varied backgrounds, all concentrating on helping you do your job better.
- ★ Affiliation with the Texas Hospital Association and its Health Care Economics Department.

You get all this and more for membership dues which are less than the cost of a soft drink a day.

Texas Association for Healthcare Financial Administration
P.O. Box 631206
Houston, TX 77263-1206
713.995.4775 or 866.65.TAHFA (toll free)
tahfa@tahfa.org

**TAHFA Facility Membership Application
(please complete both sides)**

Facility Information

Facility Name

Organization Name (if part of a larger system)

Address

City/State/Zip

Primary Member Information

The person who will receive invoices and have access to the Facility membership record.

Full Name & Credentials (CPA, FACHE, FHFMA, etc.)

Job Title

Address (must be the same as Facility except for suite #)

Business Phone Business Fax

Business E-mail

Facility Associate Member Information

Individuals who will be listed as Facility Associate Members with full TAHFA member benefits.

Full Name & Credentials (CPA, FACHE, FHFMA, etc.)

Job Title

Address (must be the same as Facility except for suite #)

Business Phone Business Fax

Business E-mail

Please list additional Associate Members on the back and complete the other requested information.

Payment Information

Enclosed is our check for \$_____ payable to TAHFA, or
I authorize TAHFA to charge my dues to our: Visa MasterCard Amex

Account Number Expiration Date

Name on Card Security Code

Signature

Facility Associate Member Information

Individuals who will be listed as Facility Associate Members with full TAHFA member benefits. Please photocopy form if more space is needed.

Full Name & Credentials (CPA, FACHE, FHFMA, etc.)	
Job Title	
Address (must be the same as Facility except for suite #)	
Business Phone	Business Fax
Business E-mail	
Full Name & Credentials (CPA, FACHE, FHFMA, etc.)	
Job Title	
Address (must be the same as Facility except for suite #)	
Business Phone	Business Fax
Business E-mail	
Full Name & Credentials (CPA, FACHE, FHFMA, etc.)	
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Job Title	
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Business E-mail	

Please complete the following information to help us update our Institution Records.

Please make ONE selection in each category that most closely describes the organization by which you are employed.

Health Care Provider Organization

- Ambulatory Care Facility
- Corporate Headquarters
- Home Health Agency
- Hospital
- Long Term Care Facility
- Medical Facility-Other
- Physician's Practice Group

Ownership

- Non-Profit Church-Related
- Non-Profit (not church related)
- Governmental
- Investor Owned

Gross Revenues

- Under \$10 million
- \$10 - \$50 million
- \$50 - \$100 million
- \$100 - \$250 million
- \$250 - \$500 million
- Over \$500 million

No of Beds : This Location _____ System _____