

OKLAHOMA ASSOCIATION OF HEALTH CARE PROVIDERS

Business Associate Member Application

My business would like to reach Oklahoma nursing facilities and assisted living facilities by serving as a 2018 OAHCP member and/or sponsor: (select all that apply)

MEMBERSHIP LEVEL

- Platinum (Limited Availability).....\$ 35,000
- Gold.....\$ 20,000
- Silver.....\$ 5,000
- Bronze.....\$ 500

MEETINGS & TRAININGS

- * February 22nd - Leadership Training (formerly Owner's Meeting).....\$ 1,000
 - *+ April 23-25th - Spring Convention.....\$ 1,250
 - * June 21st - Leadership Training (formerly Owner's Meeting).....\$ 1,000
 - *+ September 18-19th - Fall Fair.....\$ 425
- *Included in Gold & Platinum memberships. +Included in Silver membership.*

- Yes, I am interested in sponsoring a stand-alone training class in 2018.
Please send more information.

COMPANY INFORMATION

Organization _____

Primary Contact Name (will appear on website for members) _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

Web Address _____

A/P Contact _____ Email _____

Local Sales Contact _____ Email _____

Local Sales Contact Phone _____

Products/Services Description (will appear on website) _____

INVOICING NOTICE

Your application will be processed and an invoice will be issued to the accounting contact indicated above. Your membership will not be considered active until the first agreed upon payment is received.

PAYMENT OPTIONS

Please bill us..... Annually Quarterly

We will be paying by..... Check Credit Card

Please Sign Below

Please accept this official contract and agreement for our organization to be named as a member and/or sponsor as indicated above in 2018. I understand that Business Associate Members are encouraged to promote membership with OAHCP and utilize membership benefits to the fullest but that any inference to my organization being a preferred supplier to facilities is prohibited unless expressly agreed upon and as defined by OAHCP. I also understand that this application and my organization's intent and nature of business will be reviewed and approved by OAHCP before benefits will be implemented, and that my membership may be cancelled at any time if my actions conflict with the mission, vision, values, or objectives of OAHCP. I understand that some sponsorship opportunities have limited availability. In return for sponsoring at the cost listed above, it is my understanding that my organization will receive the sponsorship recognition according to the entitlements of the sponsorship selected. I understand and agree that payment terms must be met for membership to be considered active, and must remain in good standing in order for our organization to receive sponsorship recognition.

Signed _____ Title _____

Print Name _____ Date _____

For Office Use Only			
Date Application Received	Date Payment Received	Active Date	Neon Profile Active Date