

**Health Facility Institute**

**Corporate Membership Information and Application**

**Silver Corporate Membership $3,000.00**

May have one (1) person attend program free

$1,500 fee for exhibit space (Exhibit space only = $3,000)

May extend invitations to clients to attend program at $50.00 discount off the standard rate

Receives Silver Corporate Member Pin

**Gold Corporate Membership $5,000.00**

May have two (2) people attend program free

Receives free exhibit table if desired

May extend invitations to clients to attend program at a $100.00 discount off the standard rate

Receives Gold Corporate Member Pin

**Diamond Corporate Membership $10,000**

May have four (4) people attend program free

Receives free exhibit table

May extend invitations to clients to attend program at a $150.00 discount off the standard rate

Receives Diamond Corporate Member Pin

***To apply for Corporate Membership, complete the following information:***

|  |  |
| --- | --- |
| **Company:** | |
| **Address:** | |
| **Point of Contact:** | |
| **Email:** | **Phone:** |

**Level of Affiliation:** *(Select one)*

|  |  |
| --- | --- |
|  | Silver Corporate Member: $3000 |
|  | Gold Corporate Member: $5,000 |
|  | Diamond Corporate Member: $10,000 |

***Return this application as a pdf file via email to:***

Vice President Business Development – [chip.deshields@ssainc.com](mailto:chip.deshields@ssainc.com)

Chief Financial Officer – [awebster.hfi@gmail.com](mailto:awebster.hfi@gmail.com)

Upon review and approved by the HFI Board of Directors, an invoice will be sent for payment.

***Please complete the attached References Form and return it with the application.***



**HFI Corporate Membership Application References:**

**Please provide last three (3) clients as references for the Credentials Committee**

|  |  |
| --- | --- |
| **Name of Client:** | |
| **Client Address:** | |
| **Person to Contact:** | |
| **Phone:** | **Email:** |
| **Service or Product Provided:** | |

|  |  |
| --- | --- |
| **Name of Client:** | |
| **Client Address:** | |
| **Person to Contact:** | |
| **Phone:** | **Email:** |
| **Service or Product Provided:** | |

|  |  |
| --- | --- |
| **Name of Client:** | |
| **Client Address:** | |
| **Person to Contact:** | |
| **Phone:** | **Email:** |
| **Service or Product Provided:** | |