

**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:***

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

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

|  |  |
| --- | --- |
|  | Silver Corporate Member: $3,000 |
|  | Gold Corporate Member: $5,000 |
|  | Diamond Corporate Member: $10,000 |

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

Vice President Business Development – cdeshields@mpbce.com

Chief Financial Officer – 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**

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

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