

# ASSOCIATE MEMBERSHIP APPLICATION FORM 2020

I certify that all the information and accompanying material provided in connection with this application are authentic and accurate.

Date:

Signature:

## 1. CATEGORY OF MEMBERSHIP

Organization involved in healthcare

• Stand alone facility	800 CHF
• Group up to 5 healthcare facilities	2000 CHF
• Group from 6 to 10 healthcare facilities	3500 CHF
• Group from 11 to 20 healthcare facilities	5000 CHF
• Group over 21 healthcare facilities	8000 CHF
Premier associate	8000 CHF
Supporting associate member	15000 CHF

## 2. GENERAL DETAILS

Organization Name:

Address:

Country:

Website:

Phone:

Fax:

### Contact person:

Name:

Position:

E-mail:

Phone:

## 3. YOUR ORGANIZATION

### Nature of your organization and information on your activities

**Healthcare Association** (Please specify N° of affiliates )

- N° of establishments
- Total N° of beds
- Total N° of staff
- Total annual turnover

### **Academic**

N° of enrolled students in health management or public health program

N° of faculty teaching health management or public health

## **Hospital**

University Hospital                      General Hospital

Specialized Hospital                      Other:

Please specify the sector

Acute care

Rehabilitation

Long term

Psychiatry Geriatric

Other:

N° of establishments

Total N° of beds

Total N° of staff

Total annual turnover

## **Health Managers / Executive Association**

Please specify N° of members

**Other** (please specify)

## **4. STATUS OF YOUR ORGANIZATION**

### **Public**

Fully autonomous

Partial autonomous

Related to MoH

Related to Regional/State government

Related to town/cities

Other

### **Private**

For profit

Non for profit

## **5. ADDITIONAL CONTACTS**

Mail address and name of your **communication manager**:

Mail addresses of people who would be interested in receiving the electronic **newsletter**:

## **6. ANY OTHER INFORMATION**

You can provide additional information to Sylvia Basterrechea, IHF Administrative Officer:

E-mail: [sylvia.basterrechea@ihf-fih.org](mailto:sylvia.basterrechea@ihf-fih.org)

Telephone: +41 (0) 22.850.94.20