

# Application



## Contact Information

Name	
Company/Position	
Preferred Phone	
Work Phone	
E-Mail Address	

## Membership Type

**Members** *generally a facility aiding in the delivery of healthcare to the community.*

Complimentary Includes basic listing in directory.

Premiere Membership **75/annually** Logo on website, detailed electronic directory listing, priority for SNALA event hosting

Signature Membership **150/annually** Premiere benefits plus advertisement on website, discounted sponsorship packages, listed in the SNALA signature reference guide

Not for Profit Membership **50/125 respectively**

**Supporters** *typically vendors and community businesses partnering with facilities to ease the delivery of healthcare.*

Premiere Supporter **250/annually** Logo on website, electronic directory listing, SNALA partnerships

Signature Supporter **400/annually** Premiere benefits plus advertisement on website, discounted sponsorship packages, listed in the SNALA signature reference guide, priority for SNALA partnerships

Not for Profit Supporter **150/300 respectively**

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Signature/Date:	
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## Volunteer Interests (check all that apply)

- Events
- Community/Outreach
- Fundraising
- Web/Internet
- Development
- Treasurer
- Care Allies
- Membership

Visit us: <http://snala.org/join>

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in aligning with us.