2026 BUSINESS ASSOCIATE MEMBER
APPLICATION

***Please complete the following as you would like it to appear in our directory and on our website.**

Company Name _____

Address _____ City/State_____ Zip _____

Phone _____ Website _____

Contact person's name/title _____

Contact person's email _____

Please provide a brief description of your organization and its products/services to be used for internal and marketing purposes. Attach a separate sheet if needed. (If you'd like assistance, please contact IHA VP of Marketing & Communications Kathy Kirvin at kkirvin@iroquois.org)_____

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SELECTION(S)	MENU OF OPTIONS	COST
	Basic Business Associate Membership	**$1,000**
	Enhanced Business Associate Membership	**$5,000**
	Elite Business Associate Membership	**$10,000**
	A la Carte Option(s) (i.e. sponsorship(s)):	**$**
	TOTAL:	**$**

PAYMENT INFORMATION

Check your desired method of payment: ☐ Visa ☐ MC ☐ Discover ☐ AMEX ☐ Check

Credit Card No. _____ Exp. Date _____ CVV:_____

Cardholder's Name _____ Signature _____

Please note, your Business Associate Membership/Sponsor application will not be processed until there has been approval by the Executive Committee of the HA Board of Directors (for membership) and payment is received in full.

If paying by credit card, please email contract with payment information to:
Iroquois Healthcare Association
mboese@iroquois.org

If paying by check, please mail in contract with payment to:
Iroquois Healthcare Association
Attn: Associate Membership Program
15 Executive Park Drive
Clifton Park, NY 12065