

**Agreement for Organizations Affiliated with the Alabama Hospital Association**

Please mail to AlaHA, Attn: PR Dept., 500 North East Blvd., Montgomery, AL 36117.

I, \_\_\_\_\_, serving as president of \_\_\_\_\_  
(affiliated organization name), do hereby agree on behalf of this organization to the following:

- Organization will provide benefits to its members in accordance with organization’s bylaws.
- Organization will present to the Alabama Hospital Association (AlaHA) Board any issues upon which there might be conflict between the organization and AlaHA.
- Organization will provide annually a current list of board members and officers. In addition, a current copy of the organization’s bylaws must be maintained at the AlaHA office. The president will serve as the primary contact for AlaHA.
- Organization must remain in good standing regarding dues payment to the Alabama Hospital Association.
- Organization must meet all federal and state laws/regulations regarding taxes.

This agreement will remain in effect until either party notifies the other in writing of their desire to change or terminate this agreement.

\_\_\_\_\_  
Signature of Affiliated Organization President

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of AlaHA President

\_\_\_\_\_  
Date Signed