

OKLAHOMA PSYCHIATRIC HOSPITAL ASSOCIATION

MEMBERSHIP APPLICATION

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Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employee Voter Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Optional Employee Registration:**

Employee Proxy Name \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_

Additional Employee Attendee Name \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_

*OHA member hospitals with mental health services may apply for membership by submitting this form. An employee voter is required for membership, proxy and additional employees are optional.*

*Annual membership dues of \$150 will be billed upon approval of membership.  
Applications submitted July – December will be billed \$75.*

*Return to:  
Grace Greenawalt  
Oklahoma Hospital Association  
4000 Lincoln Blvd.  
Oklahoma City, OK 73105  
grace@okoha.com*