



**Texas Organization of
Rural & Community
Hospitals**

P.O. Box 14547
Austin, Texas 78761

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Austin, Texas 78752

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www.torchnet.org

**FOUNDED
1990**

HOSPITAL MEMBERSHIP APPLICATION

Date: _____

Hospital Name _____

Administrator Representing Hospital _____

Street Address _____ Zip _____

Mailing Address _____ Zip _____

City _____ County _____

Telephone # _____ Fax # _____ E-Mail _____

Ownership/Type Categories: (check applicable category below)

- _____ Governmental/Public
- _____ District: Supported by a local hospital district
- _____ Authority: Supported by a local hospital authority
- _____ City: Supported by the city
- _____ County: Supported by the county
- _____ Not-for-Profit (___ church-related; ___ other, including NFP Corp)
- _____ For-Profit (___ investor-owned; ___ corporation; ___ partnership)

Number of Licensed Beds _____

Number of Staffed Beds _____

DSHS Region/Zone _____

Management Type: (check applicable)

- _____ Independent Administration
- _____ Corporate: Part of a larger system
- _____ Managed: Operated by an outside company
- _____ Leased: Under an ownership agreement

JCAHO Certified?

Yes	No
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Does hospital have:

Rural Health Clinic? _____

Home Health Care? _____

Designation:

Sole Community? _____

Medicare Dependent? _____

By _____

General acute care hospital less than 150 beds in size

Dues Categories:

A. Annual Gross Revenue
Less than \$10 million: \$1500

B. Annual Gross Revenue
\$10 to \$50 million: \$2500

C. Annual Gross Revenue
More than \$50 million: \$3000

Membership Fee Enclosed: \$ _____

For TORCH Use: Approved: _____ Certificate Sent: _____
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Dues Year: January 1 - December 31

**Make check payable to TORCH; Mail to P. O. Box 14547, Austin, Texas 78761
December 2007**