

The benefits of a TORCH Affiliate Membership

Get Connected

About TORCH

Texas Organization of Rural & Community Hospitals (TORCH) is the voice and principal advocate for rural and community hospitals in Texas. We provide leadership in addressing the special needs and issues of these hospitals. For more information, call (512) 873-0045 or visit the website at torchnet.org.

At TORCH we strive to demonstrate our value and commitment to our members through valuable programs, services, education, advocacy, publications, professional development and representation.



TORCH
P.O. Box 203878
Austin, TX 78720-3878
(512) 873-0045
www.torchnet.org

Be and Get Involved

As a TORCH Affiliate Member,

You will have exclusive access to an array of rural health care resources, services, programs, tools and opportunities to assist you in your current position and future health care career endeavors, including:

- Advocacy and representation
- Useful and timely information
- Resource documents and publications
- Management/operational services and assistance
- Hospital insurance programs
- Ability to demonstrate support for rural hospitals and rural health care in Texas through support of TORCH with annual membership.
- And more!

Gain Experience

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 category below)

- Independent Administration
- Corporate: part of a larger system
- Managed: operated by an outside company
- Leased: Under an ownership agreement

By: _____

JCAHO Certified?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Does hospital have:		
Rural Health Clinic?	<input type="checkbox"/>	<input type="checkbox"/>
Home Health Care?	<input type="checkbox"/>	<input type="checkbox"/>

Designation:		
Sole Community?	<input type="checkbox"/>	<input type="checkbox"/>
Medicare Dependent?	<input type="checkbox"/>	<input type="checkbox"/>
Critical Access?	<input type="checkbox"/>	<input type="checkbox"/>

We hope you consider the benefits that a TORCH Affiliate Membership offers and join our effort to support Texas rural and community hospitals.

To sign-up, see the application on back!

TORCH Affiliate Membership & Payment Form

New Member: Renewal:

Annual Membership Dues: \$550

(health care systems, state agencies and other organizations interested/involved in rural community health care delivery)

Contact Name: _____

Affiliate/Organization Name: _____

Email: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Fax Number: _____ Website: _____

Please submit one sentence (25 words or less) of your interest and involvement in rural and community health care: _____

DUES YEAR: JANUARY 1 – DECEMBER 31

Make check payable to: TORCH. Mail to P. O. Box 203878, Austin, Texas 78720-3878.

—OR— Use the credit card form below

Today's Date: _____ Amount Enclosed: _____ Check Enclosed:

VISA: MC: AMEX: DISCOVER: Exp Date: _____ Security Code: _____

Credit Card Number: _____

Company Name: _____

Person Authorized to Charge: _____

Signature Authorizing Charge: _____

Billing Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____

Email Address: _____