

Benefits of TORCH Student Membership

A Bridge to the Rural Healthcare Workforce



Get Connected Be Involved Gain Experience

About Us

The Texas Organization of Rural & Community Hospitals (TORCH), founded in 1990, is a nationally recognized hospital association that provides a full-range of member services to a constituency that includes **150 rural and community hospitals in Texas and over 170 corporate members.**

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

In a highly competitive industry, let us help you get an **EDGE!**

As a TORCH Student Member,

You will have exclusive access to an array of resources, services, programs, tools and opportunities designed to support your transition into the healthcare workforce and in your future career advancement, **INCLUDING:**

- ✚ Invaluable *networking, knowledge-sharing and relationship-building opportunities* with experienced hospital executives, healthcare professionals, industry experts and key policy/decision-makers in the healthcare field;
- ✚ *Special invitations* and discounted rates to attend high-quality TORCH and TORCH Foundation experiential learning events, including the TORCH Annual Conference & Tradeshow; the Critical Access Hospital (CAH) Conference; the Rural Hospital Information Technology Conference (HITCON); and the TORCH Leadership & Management Institute (TLMI) Conference & Retreat, which all provide timely information, education and training on a variety of crucial healthcare and leadership development topics;
- ✚ Participation in the *TORCH Leadership & Management Institute (TLMI)*, a program that offers excellent professional development and personal growth training and education designed specifically for healthcare professionals and students;
- ✚ Cost-effective *e-learning webinars* on vital rural healthcare issues;
- ✚ *Student mentoring and career coaching* by members of our TLMI Leadership Council comprised of Texas rural hospital executives, distinguished scholars and industry leaders;
- ✚ *Summer internship opportunities* in Texas rural healthcare facilities to get hands-on experience in your prospective field;
- ✚ Graduate and Undergraduate *scholarship/stipend awards* for your academic program and internship opportunities;
- ✚ Member access to electronic communications, special reports, leadership newsletters and other insightful TORCH and TORCH Foundation *publications*;
- ✚ *Workforce assistance and job placement tools*, including a specialized job search engine available to TORCH and TORCH Foundation members; and
- ✚ Priceless *exposure to potential employers* and rural healthcare leaders!

SIGN-UP TODAY!

We hope you consider the significant benefits that a TORCH Student Membership offers by way of invaluable exposure to experiential learning; career, professional and leadership development opportunities; and perhaps most importantly, to a vast network of seasoned, like-minded professionals, mentors, experts and leaders in the healthcare field. **Let us be that bridge!**





TORCH Student Membership & Payment Form
Annual Membership Dues: \$50

NEW Member Renewal

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

Grad/Undergrad: _____ University/School: _____

Program: _____ Anticipated Graduation Date: _____

PAYMENT OPTIONS:

Make checks payable to: TORCH, P.O. Box 203878, Austin, TX 78720.

If paying by credit card, please complete the following information and fax this page to (512) 873-0046.

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

PERSON AUTHORIZED TO CHARGE:

Name as it appears on card: _____

Card Type: VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Card Number: _____ Expiration Date: _____

Card Security Code: _____ (3-digit number on back of card, 4-digit on front of AMEX)

Signature Authorizing Charge: _____

BILLING ADDRESS/CONTACT INFORMATION

Please enter the following information exactly as it appears on your credit card statement

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

Payment cannot be processed unless all information is provided.

You may fax the completed form to (512) 873-0046. For questions call (512) 873-0045.

THANK YOU FOR BEING A MEMBER!