We value our relationships with corporate members who provide solutions to our rural hospital members. We understand that rural healthcare is a complex and unique industry. It takes special companies to work with rural and community hospitals to provide the goods and services necessary to operate in this challenging environment.

TORCH endeavors to provide its hospital members with a group of corporate members who are experienced in working with rural and community hospitals, who know the special needs of these providers and offer valuable, high-quality services.

We rely on the business leaders in our corporate membership to provide the education and information needed on the technology, equipment and new products that hospitals can partner with to become more effective.

MEMBERSHIP BENEFITS

- Contact information in the online membership directory and database on all hospital member CEOs for marketing purposes.
- Marketplace e-newsletter focuses exclusively on corporate members and highlights endorsed vendors with articles submitted in your own words.
- Advanced notification of the spring and fall conferences with invitation to purchase exhibit space early and at a reduced fee to help ensure space availability.
- The opportunity to advertise in our Rural Matters magazine, our TORCH website and also our e-publication, TORCH Weekly.
- Potential for marketing opportunities at other conferences or meetings.
- Ability to demonstrate support for rural hospitals and rural healthcare in Texas through support of TORCH with your annual membership.
- The opportunity to use a highly recognized TORCH Corporate Member logo in marketing materials.
- Opportunities to attend restricted corporate membership-only meetings in which the TORCH executive team shares relevant rural health information impacting our hospital members.

We hope you consider the benefits a TORCH Corporate Membership offers and join our effort to support Texas rural and community hospitals. To sign-up, see the application on back or go to torchnet.org to apply.
TORCH Corporate Membership & Payment Form

Annual Membership Dues: $1,250
(business, commercial or professional entities, which provide products or services to rural hospitals)

Company Name: ____________________________________________________________

Name: ___________________________________________________________________

Email: ___________________________________________________________________

Address: __________________________________________________________________

City: __________________________ State: ___________ ZIP: ______________________

Phone Number: __________________ Fax Number: _____________________________

Website: __________________________________________________________________

Billing Address (if different from above): _______________________________________

City: __________________________ State: ___________ ZIP: ______________________

Please submit one sentence (25 words or less) of your company’s products and/or services which you offer to rural hospitals and other pertinent information (such as length of business in Texas):
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

ANNUAL MEMBERSHIP DUES YEAR: JULY 1 – JUNE 30

Billing sent in June, make check payable to: TORCH. Mail to 3309 Forest Creek Dr., Unit 305, Round Rock, Texas 78664-6168 —OR— Use the credit card form below

Thank you for being a Member!

*Note: A portion (10 percent) of the total dues amount is utilized by TORCH for lobbying expenditures. According to P. L. #103-66, that portion of your dues is a non-deductible expense.

Today’s Date: _______________ Amount Enclosed: _______________ Check Enclosed: ❑


Credit Card Number: ________________________________________________________

Company Name: ___________________________________________________________

Person Authorized to Charge: ________________________________________________

Signature Authorizing Charge: ______________________________________________

Billing Address: ____________________________________________________________

City: __________________________ State: ___________ ZIP: ______________________

Email Address: ____________________________________________________________

Phone Number: ____________________________________________________________