

# The benefits of a TORCH Corporate Membership

## Get Connected

### About TORCH

Texas Organization of Rural & Community Hospitals (TORCH) is the voice and principal advocate for greater than 150 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 our website at [torchnet.org](http://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

3309 Forest Creek Drive, Unit 305

Round Rock, TX 78664-6168

(512) 873-0045

[www.torchnet.org](http://www.torchnet.org)

## Be and Get Involved

Our relationships are with corporate members who provide solutions to our rural hospital members. We understand that rural healthcare is a unique business. 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 use a highly recognized TORCH corporate member logo in marketing materials.
- Potential for marketing opportunities at other conferences or meetings.
- Opportunities to offer case studies or present educational content during monthly member webinars at not cost.
- Ability to demonstrate support for rural hospitals and rural healthcare in Texas through support of TORCH with your annual membership.
- Opportunities to attend restricted corporate membership-only meetings in which the TORCH executive team shares relevant rural health information impacting our hospital members.

## Gain Experience

*We hope you consider the benefits that 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](http://torchnet.org) to apply.*

# TORCH Corporate Membership & Payment Form

New Member:  Renewal:

## Annual Membership Dues: \$1,200

(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*

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: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_