



2022 Dues Assistance Form

Member hospital: _____

2022 Dues: \$ _____

Payment #	Proposed Payment Date	Proposed Payment Amount

Requests for dues payment terms extending beyond June 30 must be accompanied by a copy of the hospital's last balance sheet and income statement, and a description of the circumstances necessitating the request. Please attach a statement if this space is not sufficient.

Payment Plan Approvals:

Approved by:

Hospital Chief Executive Officer

Date

Patti Davis, President

Date

Oklahoma Hospital Association
Dept. #96-0298
Oklahoma City, OK 73196-0298
Phone: (405) 427-9537
Fax: (405) 424-4507
Email: wells@okoha.com