

AAHSA/LSN Group Purchasing

Enrollment Agreement 2007

This enrollment Agreement entitles you to participate in Group Purchasing Organizations (“GPO(s)”) of each of AAHSA and LSNI. The AAHSA GPO may act as contracting agent for the LSNI GPO. Enrollment in the GPOs of each of AAHSA and LSNI entitles you (the “Participant”) to access all pricing and benefits offered by the vendors in their contracts with AAHSA as the GPO contracting agent. Enrollment begins on the date this completed and signed Enrollment Agreement is received by AAHSA and LSNI and continues until the earlier to occur of (a) termination of the Participant’s AAHSA membership, (b) termination of the Participant’s affiliation with its state association, or (c) Participant’s written withdrawal from this Program. This Enrollment Agreement does not obligate or commit the Participant to purchase from any vendor.

As a direct result of your purchases from the Program’s vendors, each of AAHSA and LSNI will receive an administrative fee of up to one and one half percent (1½ %) directly from the vendors, for a combined fee for AAHSA and LSNI of up to three percent (3%).

In order to assure that the participating AAHSA vendors correctly price your orders, **please identify yourself as an AAHSA/LSNI Group Purchasing Program participant and provide your AAHSA ID# when placing all orders.**

Member Organization: _____

GP Contact Name: _____

Street Address: _____

Mailing Address: _____

City/State/Zip: _____

Phone () _____ Fax () _____

E-mail _____

AAHSA collects email addresses for periodic program updates and communications to you. We will not sell or misuse your e-mail address.

Please FAX to (202) 220-0059 No Cover Sheet Required

Participant affirms its association and affiliation with each of the AAHSA and LSNI GPO and wishes the option to purchase from the Program’s vendors accessing the GPO contracts. In addition, Participant wishes to access any future contracts that AAHSA group purchasing may enter into as long as the Participant remains enrolled in the Program

By submission of this Enrollment Agreement, the Participant hereby appoints both the LSNI GPO and the AAHSA GPO to act as a purchasing agent for it.

Authorized Contact: _____ Authorized Signature: _____
(Please Print)

Date: _____ Title: _____ AAHSA Facility ID# _____
Call (800) 827-4771 to receive facility ID

Enrollment accepted by AAHSA on this _____ day of _____

By LSNI: _____ Title: _____

By AAHSA: _____ Title: _____

A fully executed copy of this Enrollment Agreement will be faxed to your fax number listed above