



The National Association of
Locum Tenens Organizations

222 S. Westmonte Drive, Suite 101
Altamonte Springs, FL 32714
407-774-7880 • Fax: 407-774-6440
www.nalto.org

Become a Vendor Member...

Includes:

- Opportunity to use NALTO®'s Vendor Member logo in your own promotional material and other correspondence (with permission)
- Listing as a Vendor Member on the NALTO® website with "Weblink" to your company's website and information
- Opportunity to exhibit and/or sponsor at the annual NALTO® meeting and fall educational conferences

Criteria:

- Open to organizational entities that engage in activities and/or provide services that directly support the healthcare staffing industry.
- Vendor members will not eligible to vote on NALTO® issues, hold a NALTO® officer position or chair a committee or attend the business meeting portion of the SPRING and FALL conferences.

Cost:

- An annual fee of **\$1,100 per organization** (up to three individuals)
- \$100 for each additional individual

Please fill out the following Vendor Membership Application!

Applicant Organization Name: _____

PAYMENT SCHEDULE (Effective November 2014):

Membership Dues (1/1 – 12/31)	\$ 1,100.00
Processing Fee (One-Time, Non-Refundable, Non-Creditable)	\$ 25.00
Total Membership Dues and Processing Fee	\$ 1,125.00

~ NALTO® Vendor Membership Application ~

I hereby make application for Vendor Membership in the National Association of Locum Tenens Organizations® and agree to be governed by its Bylaws and Standards of Ethical Practices and to promote the objectives of the Association, as long as I am a member.

NAME OF FIRM _____

ADDRESS _____

CITY _____ STATE: _____ ZIP: _____

TELEPHONE #: _____ FAX #: _____

NAME OF PRINCIPAL/PRESIDENT/ADMINISTRATOR: _____

DESIGNATED CONTACT: _____

E-MAIL: _____ WEBSITE/URL: _____

How did you hear about NALTO®? _____

Brief Description of Products/Services (to be used in Website Membership Directory)

APPLICATION PROCESSING FEE & DUES (Effective November 2014)

Vendor Membership in NALTO® is for firms that supply goods & services to recruiters. A **ONE-TIME, NON-REFUNDABLE, NON-CREDITABLE** processing fee of **\$25.00** payable in U.S. dollars **must** accompany your completed vendor membership application. Vendor Membership Dues are **\$1,100.00** for the calendar year. Dues are on a calendar year basis from January 1st to December 31st.

In addition, members will be expected to pay annual membership dues payable in U.S. dollars in accordance with the current dues schedule at the time of the application. The amount of dues is subject to change by the NALTO® Board of Directors. **Please enclose a sample of your organization's public relations materials or brochure(s).**

STATEMENT OF UNDERSTANDING/AGREEMENT TO COMPLY WITH NALTO® CODE OF ETHICS

I have read and hereby subscribe to the Code of Ethics, and the Locum Tenens Recruitment Standards of Practice & Procedures of the National Association of Locum Tenens Organizations (NALTO®). I accept compliance with the Code of Standards as a requirement for holding membership in NALTO® and acknowledge by my signature that the violation of any section thereof subjects my organization to expulsion by the NALTO® Board of Directors as provided by the Bylaws.

I understand that my signature below signifies that I am authorized to apply for NALTO® membership on behalf of my organization and the information contained in this application is true and accurate.

My signature below also constitutes my consent to receive faxes, email and other communications from NALTO® or on behalf of NALTO®.

SIGNED: _____ DATE: _____

PRINT OR TYPE FULL NAME HERE: _____

TITLE: _____

RECOMMENDED BY NALTO® MEMBER (Name & Company): _____

PAYMENT METHOD: Total amount paid \$ _____ includes \$25 Application Fee \$1,100 Annual Dues

Check # _____ payable to NALTO® - or - MasterCard Visa American Express

Account #: _____ CVV Code: _____ Exp. Date: ____/____/____

Amount to charge: \$ _____ Cardholder's Name: _____

Cardholder's Signature: _____

Please mail or fax (credit card payments only) with payment to:

NALTO® Headquarters, 222 S. Westmonte Dr., Suite #101, Altamonte Springs, FL 32714; fax: 407-774-6440

FOR OFFICE USE ONLY: Check or Reference# _____ Amount: \$ _____ Process Date: _____