

**HOSPITAL CENTRAL SERVICES COOPERATIVE, INC
HCSC-GROUP PURCHASING
MEMBERSHIP APPLICATION**

Facility Name _____

Street Address _____

City _____ **State** _____ **County** _____ **# of Beds** _____

Phone _____ **Fax** _____ **E-mail** _____

Please provide the following information:

CEO/President _____ **E-mail** _____

CFO _____ **E-mail** _____

Pharmacist _____ **E-mail** _____

D.O.N. _____ **E-mail** _____

Materials Manager _____ **E-mail** _____

Purchasing Director _____ **E-mail** _____

Buyer _____ **E-mail** _____

Buyer _____ **E-mail** _____

Dietary Director _____ **E-mail** _____

Housekeeping _____ **E-mail** _____

Maintenance _____ **E-mail** _____

Please answer the following questions:

1. **Do you currently belong to any other group purchasing organization? Yes _____ No _____**
If yes, which one? _____
2. **Are any departments currently outsourcing services? If so, which ones? (e.g. Food Service, Laundry Service, Housekeeping Service, Pharmacy Service, P.T., O.T.)**

An annual (January 1 – December 31) membership fee of \$250 must accompany this application. We hereby make application to participate in the programs offered by HCSC.

Name & Title _____

PRINT

Signature _____ **Date** _____