



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 **\$500 per organization** (up to three individuals)
- \$100 for each additional individual

Please fill out the following Vendor Membership Application!

**Applicant Organization Name:** \_\_\_\_\_

<b>PAYMENT:</b>	
<b>Membership Dues</b> (1/1 – 12/31)	\$ 500.00
<b>Processing Fee</b> (One-Time, Non-Refundable, Non-Creditable)	\$ 25.00
<b>Total Membership Dues and Processing Fee</b>	<b>\$ 525.00</b>

# ~ 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: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## APPLICATION PROCESSING FEE & DUES

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 **\$500.00** for the calendar year. Dues are on a calendar year basis from January 1<sup>st</sup> to December 31<sup>st</sup>.

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  \$500 Annual Dues

Check # \_\_\_\_\_ payable to NALTO - or -  MasterCard  Visa  American Express

Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

3 or 4 Digit Security Code: \_\_\_\_\_ 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: \_\_\_\_\_