



MEMBERSHIP APPLICATION

Company Name: _____

Primary Contact: _____ Title: _____

Email: _____ Phone: _____ Mobile: _____

Secondary Contact: _____ Title: _____

Email: _____ Phone: _____ Mobile: _____

Corporate Web Site: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Number of Houston area employees: _____ Number of U.S. employees: _____

Member type: _____ Member benefits listed on next page

Signature of Primary Contact: _____ Date: _____

To pay by check: Make your check payable to the Houston Business Coalition on Health (HBCH), and mail to PO Box 59, Bellaire, TX 77402.

To pay by credit card: Card # _____ Exp. Date: _____ Amount: _____

Signature: _____

Your signature means you will allow HBCH to use your company name in membership-related materials.

| Membership Categories and Annual Dues | | |
|--|-------------|---|
| Category | Annual Dues | Definitions |
| Associate For Profit | \$4,000 | An organization whose primary business is healthcare delivery (hospitals, health plans, benefits consultants, wellness providers, etc.) |
| Associate Non-Profit | \$2,000 | |

Questions? Contact HBCH at info@houstonbch.org or 281-809-6960



| Benefits | Associate |
|--|----------------|
| Opportunity for employees to attend any HBCH event at no cost | 5 |
| Opportunity for employer clients to attend any HBCH event at no cost | X |
| Opportunity to participate in HBCH benchmarking | X |
| Opportunity to request HBCH benchmarking | X |
| Opportunity to participate on HBCH committees | X |
| Consideration to serve on HBCH Board if position available | X |
| Opportunity to sponsor HBCH event | X |
| Opportunity to participate in or host Employer-Only Roundtables | 1 Hosted Event |
| Quarterly receipt of HBCH Connect Newsletter | X |
| Opportunity to submit information for HBCH Connect | X |
| Opportunity to be recognized in HBCH Member Recognition Spotlight | X |
| Logo displayed at all HBCH events and select marketing materials | X |
| Logo displayed on HBCH website running banner with link to organization website | X |
| Logo displayed in HBCH Membership Package | X |
| Opportunity to utilize Integrated Benefits Institute resources and attend events at member rates | X |
| Opportunity to access National Alliance of Healthcare Purchaser Coalitions resources and attend meetings at member rates | X |
| Opportunity to attend Texas Business Group on Health/Southwest Benefits Association/ DFW Business Group on Health events at member rates | X |

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