



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: _____

Health Plan: _____ PBM: _____

Broker/Consultant: _____

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
Employer 10,000 +	\$3,000	An organization whose representatives to HBCH are responsible for human resources, health benefits and health improvement activities for its covered population.
Employer 2,000 – 9,999	\$2,000	
Employer 500 – 1,999	\$1,000	
Employer < 500	\$750	
Non-Profit	\$500	An academic or governmental organization not established for the purpose of making a profit
Employer – Government / Educational	\$500	

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



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

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