



MEMBERSHIP APPLICATION

Company Name: _____

Primary Contact: _____ **Title:** _____

Email: _____ **Phone:** _____

Secondary Contact: _____ **Title:** _____

Email: _____ **Phone:** _____

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
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 < 2,000	\$1,000	
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	
Non-Profit	\$500	An academic or governmental organization not established for the purpose of making a profit
Employer - Government / Educational	\$500	

For questions, please contact Sara Wilkins, HBCH Account Manager, sara@amchouston.com, 281-809-6960



Benefits	Employer	Associate	Non-Profit or Governmental Employer
Opportunity for employees to attend any HBCH event at no cost	X	5	X
Opportunity for employer clients to attend any HBCH event at no cost	NA	X	NA
Opportunity to participate in HBCH benchmarking	X	Employer Clients	X
Opportunity to request HBCH benchmarking	X	X	X
Opportunity to participate on HBCH committees	X	X	X
Consideration to serve on HBCH Board if position available	X	X	At Large
Opportunity to sponsor HBCH event	X	X	X
Opportunity to participate in or host Employer-Only Roundtables	X	1 Hosted Event	X
Bi-monthly receipt of HBCH Connect, Innovation Corner and Special Reports	X	X	X
Opportunity to submit information for HBCH Connect, HBCH Innovation Corner, and/ or Special Reports	X	X	X
Opportunity to be recognized in monthly HBCH Member Recognition Spotlight	X	X	X
Logo displayed at all HBCH events and select marketing materials	X	X	X
Logo displayed on HBCH website running banner with link to organization website	X	X	X
Logo displayed on HBCH website running banner	X	X	X
Logo displayed in HBCH Membership Package	X	X	X
Opportunity to utilize Integrated Benefits Institute resources and attend events at member rates	X	X	X
Opportunity to utilize National Business Coalition on Health resources and attend meetings at no cost	X	X	X
Opportunity to attend Texas Business Group on Health/Southwest Benefits Association/ DFW Business Group on Health events at member rates	X	X	X

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