



# Coalition Membership Application

To apply for membership, please complete all questions.

## ORGANIZATION INFORMATION

Coalition Name	
Coalition Director Name	Title
Address	Address 2
City	State
Zip	Coalition Website Address
Phone	Email
Assistant Name	Assistant Email
Board Chair	Company
Mailing Address	City
State	Zip

**SPECIAL INTRODUCTORY RATE FOR NEW COALITIONS: \$600.00 for the balance of the first year.**

\*After the first year, dues will be based on one of the tiers below:

*MEMBERSHIP DUES		
DUES TIER	ANNUAL REVENUE	DUES
One	0 - \$199,999	\$2,000
Two	\$200,000 - \$499,999	\$3,000
Three	\$500,000 - \$999,999	\$3,750
Four	\$1,000,000 - \$1,999,999	\$4,750
Five	\$2,000,000 and above	\$6,000

Please submit your application and additional documents to Rita Rey at [rrey@nationalalliancehealth.org](mailto:rrey@nationalalliancehealth.org) or for questions call (202) 775-9300 ext. 100

### Application Checklist

*please include the following:*

- \_\_\_ Board of Directors List
- \_\_\_ Coalition Mission Statement
- \_\_\_ List of Members
- \_\_\_ Coalition By-laws
- \_\_\_ Evidence of incorporated
- \_\_\_ Coalition Logo (jpg high resolution)
- \_\_\_ Attach list of staff members we should add to our directory to receive National Alliance communications.