

National Health Leadership Council Membership Application



Contact Information

<hr/>		<input type="checkbox"/> FOR PROFIT	<input type="checkbox"/> NONPROFIT*
ORGANIZATION NAME			
<hr/>	<hr/>	<hr/>	
CONTACT NAME	TITLE		
<hr/>	<hr/>	<hr/>	
EMAIL	PHONE NUMBER		
<hr/>	<hr/>	<hr/>	
SECOND CONTACT NAME	TITLE		
<hr/>	<hr/>	<hr/>	
SECOND EMAIL	SECOND PHONE NUMBER		
<hr/>	<hr/>	<hr/>	
STREET ADDRESS	SUITE/FLOOR		
<hr/>	<hr/>	<hr/>	
CITY/STATE/ZIP	WEBSITE		
<hr/>	<hr/>	<hr/>	

Dues Categories

STANDARD: \$20,000

NONPROFIT: \$5,000

* Reduced fee applies to academic, research, trade, advocacy or governmental organizations that do not offer direct medical services only

Acceptance

I hereby apply for NHLC membership to the National Alliance of Healthcare Purchaser Coalitions

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APPLICANT SIGNATURE	DATE
<hr/>	<hr/>
NAME	TITLE
<hr/>	<hr/>
NATIONAL ALLIANCE SIGNATURE	DATE
<hr/>	<hr/>
NAME	TITLE
<hr/>	<hr/>

Please mail application & check payable to:

National Alliance of Healthcare Purchaser Coalitions
Attention: National Health Leadership Council (NHLC)
1015 18th Street, NW, Suite 705
Washington, DC 20036

Tax ID #65-0328971

If you have any billing questions, please email:
mcornejo@nationalalliancehealth.org

PAYMENT IS DUE WITHIN 30 DAYS OF NOTIFICATION OF MEMBERSHIP ACCEPTANCE