



Integrated Healthcare Association

AFFILIATE MEMBER

2012 APPLICATION FORM

AFFILIATE MEMBERS – Eligible organizations include health plans, hospitals and health systems, and physician organizations. Please complete and email to Eileen DeGrazia (edegrazia@iha.org) or fax to 510-444-5842.

ORGANIZATIONAL INFORMATION

ORGANIZATION NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____ FAX NUMBER _____

CONTACT INFORMATION

PRIMARY CONTACT NAME (PLEASE PRINT) _____ TITLE _____

DIRECT PHONE NUMBER _____ EMAIL _____

PRIMARY CONTACT SIGNATURE _____ DATE _____

PLEASE INDICATE ORGANIZATION TYPE AND SIZE

Check:	Affiliate Member Organization	2012 Annual Dues ⁽¹⁾
	Public and Safety Net Organizations	\$ 1,500
	Health Plans – based on total membership equivalent*	
	Up to 100,000 members	\$ 5,000
	100,001 to 250,000 members	\$ 7,500
	Over 250,000 members	\$ 10,000
	Physician Organizations – based on total membership equivalent*	
	Up to 100,000 members	\$ 2,500
	100,001 to 250,000 members	\$ 3,500
	Over 250,000 members	\$ 5,000
	Hospital and Health Systems – based on annual revenue	
	Up to \$500,000,000	\$ 2,500
	\$500,000,000 to \$1 Billion	\$ 3,500
	Over \$1 Billion	\$ 5,000

* Total member equivalents determined by the following factors: *Commercial = 1 x actual members; Medicare = 3 x actual members; Medicaid = 0.5 x actual members*

⁽¹⁾ Affiliate membership is generally on a calendar year basis. Dues may be prorated for new members joining mid-year and therefore some benefits may not apply due to the timing of certain IHA conferences and events.