



AFFILIATE MEMBERSHIP APPLICATION

Applicant Company Name: _____

Type of Industry: _____

Primary Contact

Name: _____

Title: _____

Address: _____

Phone: _____

E-mail: _____

Secondary Contact

Name: _____

Title: _____

Address: _____

Phone: _____

E-mail: _____

Copy and attach additional pages to list additional secondary contacts

Which of the following categories best describes your organization's services?
(check all that apply)

- ☐ Brokerage services
- ☐ Benefits consulting services
- ☐ Pharmaceutical/biomedical services and products
- ☐ Pharmacy benefits management services
- ☐ Health and wellness program services
- ☐ Disease management/care management services
- ☐ Quality measurement and improvement services
- ☐ Health insurance services
- ☐ Medical services (hospital, health system, physician group, etc.)
- ☐ Behavioral health services
- ☐ Other (please describe):

Affiliate Member Benefits:

- Two free registrations for monthly educational programs
- Two free registrations for Annual Conference and Annual Wellness Summit
- Unlimited registrations for webinars
- Free subscription to GPBCH monthly newsletter
- Networking with employer health care purchasers and affiliate organizations
- Opportunity to extend special pricing for Affiliate resources/services to GPBCH employer members
- Access to library of educational programs, speaker presentations and employer benchmarking surveys
- Access to networking and resources from National Alliance of Healthcare Purchaser Coalitions
- Ability to participate in interest groups on health and well-being, transparency, health equity and benefit design
- Opportunity to run for Board of Directors seat
- Opportunity to apply for GPBCH Annual Health Benefits Innovation Awards
- Opportunity to contribute to and participate in educational programs, including webinars, the Annual Conference and Wellness Summit
- Discount to sponsor/exhibit at GPBCH annual conference and wellness summit
- Ability to offer discount on GPBCH employer dues to clients of Affiliate organization

GPBCH Affiliate Annual Membership Dues

Affiliate memberships are available for organizations that provide services related to employee health and health benefits, and that are joining GPBCH in a capacity other than as an employer. Affiliate memberships will be made available from a waiting list of new applicants, to maintain a minimum 1:1 ratio of employers to affiliates.

Affiliate membership dues are \$5,000.

Dues are invoiced annually on the anniversary of initial application.

Date of application: __ __ / __ __ / __ __

By signing below, I am indicating that I am authorized to commit my organization to joining the Greater Philadelphia Business Coalition on Health. I understand that my organization will be invoiced based on the rate schedule indicated above. My organization may choose to terminate its membership at any time, but will not be entitled to a refund of dues paid.

Signature: _____

Name: _____

Title: _____

THANK YOU FOR JOINING GPBCH

Please return this form to:
Neil Goldfarb, President & CEO
Greater Philadelphia Business Coalition on Health
123 South Broad Street, Suite 1235
Philadelphia, PA 19109
ngoldfarb@gpbch.org

The Greater Philadelphia Business Coalition on Health (GPBCH) seeks to increase the value of health benefit spending for the region's employers. We do this by improving workforce and community health, increasing healthcare quality and safety, and reducing health care costs. The Coalition represents employer interests in working with health plans, health care providers, benefits consultants, suppliers and other system stakeholders to address population health priorities and to ensure that when health care is needed it is accessible, affordable, equitable, high-quality, and safe.