



## 2011 Membership Application

**Member Organization Information:** Please identify two people to be the primary contacts. Include the same contact information all other staff you want to receive notices of meetings and activities on an attached sheet.

**Date** \_\_\_\_\_

**#1 Key Contact** \_\_\_\_\_ **Title** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone** \_\_\_\_\_

**#2 Key Contact** \_\_\_\_\_ **Title** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Organization Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **City/State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Type of Industry** \_\_\_\_\_ **Annual Health Benefits Budget** \_\_\_\_\_

**Total US Workforce** \_\_\_\_\_ **Chicago Metro Workforce** \_\_\_\_\_ **Total Retirees** \_\_\_\_\_

**Membership Levels:** Membership covers a 12-month period and includes all staff designated within each organization. Email additional staff contact information to Karen Larkin at [klarkin@mbgh.org](mailto:klarkin@mbgh.org). Dues are invoiced in January and July, depending on the month an organization joins.

<b>Business &amp; Provider Members</b>	
<u>Employee Population</u>	<u>Annual Dues</u>
Under 1000	\$2000
1000 to 2999	\$3000
3000 to 4999	\$4000
5000 to 9999	\$5000
10000 to 24999	\$6000
Over 25000	\$7000

<b>Non-Profit, Government Members</b>	
Non-Profit, Government Members <u>receive 50%</u> off the Business & Provider Member rates. Please use population and dues chart to the left.	
<b>Associate Members</b>	
<u>Employee Population</u>	<u>Annual Dues</u>
Under 100	\$2000
Over 100	\$7000

Indicate your membership category below and the corresponding dues level:

- Business Member** - A private employer that purchases health benefits for employees. *Dues \$ \_\_\_\_\_*
- Provider Member** - A community-based employer whose primary business objective is the direct delivery of health or medical services and designates its HR or benefits professionals as the primary contacts *Dues \$ \_\_\_\_\_*
- Non-Profit, Government** - An academic, research, voluntary or governmental organization that does not provide direct health or medical products or services *Dues \$ \_\_\_\_\_*
- Associate** - An organization that provide direct health or medical products, services or consulting to employers. Associate applicants require approval by the MBGH Board of Directors. *Dues \$ \_\_\_\_\_*

**Pay by Check or Credit Card** - Send application and check, payable to MBGH, to address below. For credit card payment contact Karen Larkin, 312-372-9090 or [klarkin@mbgh.org](mailto:klarkin@mbgh.org). For **questions** contact Larry Boress [lboress@mbgh.org](mailto:lboress@mbgh.org) or Cheryl Larson [clarson@mbgh.org](mailto:clarson@mbgh.org)