

Affiliate Membership Application **Fee \$5,000.00.**

The Affiliate Membership is intended for for-profit health, wellbeing, and healthcare vendors who are looking to increase their visibility to purchasers across the country. Please complete the following information which will be highlighted on the National Alliance website.

Benefits of New Affiliate Membership

- Visible Display on National Alliance Website (Includes logo, general description of services, contact information)
- Inclusion in National Alliance "Affiliate Member Directory"
- Highlighted in National Alliance Member Communications throughout the year
- Automatic subscription to HR Company Store included
- 3 Employer/Purchaser Guest Passes for each National Alliance main event (Annual Forum, Leadership Summits)

Discounted opportunities

- National Alliance event sponsorship and exhibiting fees
- National webcasts, with Purchaser case studies (these must be approved by National Alliance)

Contact Information

Organization Name	
Street Address	
City ST ZIP	
Main Contact	
Title	
Work Phone	
E-Mail Address	

Attachments

Please attach the following pieces

- ___ High Resolution Logo
- ___ Website URL

100-Word Organization Bio

Please keep your organization bio to 100 words. Links to other materials can be included.

Please answer the following questions (max. 100 words each)

1. What unique value proposition does your organization provide and how do you differentiate from key competitors? Please list out key points in bullets.
2. Please provide a description of your client base including any large existing clients:
3. OPTIONAL: Would you like to offer a revenue share model for the National Alliance and its coalitions? If so, please describe:

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Signature

Date

Name (Print)

Title

[Click the button to send the completed form to Maria Cornejo](#)