



## **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**

- Inclusion in National Alliance "Affiliate Member Directory"
- Ability to share your solutions via video
  - Visibly placed on the Affiliate Member Directory
  - Used in the semi-monthly Affiliate Member newsletter
  - Posted on our twitter feed (must be twitter friendly)
- Periodic highlight in National Alliance Member Communications
  - Affiliate Vendor semi-monthly Newsletter - Two postings/month on our member connect site (press releases, acquisitions, blogs, what are you doing new in the industry).
  - All Member monthly calls with our Coalition Directors and staff
- Visible Display on National Alliance Website (Includes logo, general description of services, contact information)
- Three Purchaser Guest Passes for each National Alliance main event (Annual Forum, Leadership Summits)
- National Alliance event sponsorship and exhibiting at the reduced member 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