

Coalition Membership Application

To apply for membership please complete all questions

ORGANIZATION INFORMATION

Coalition Name	
Coalition Director Name	Title
Mailing Address	City
State	Zip
Phone	Email
Assistant Name	Assistant Email
Board Chair	Company
Mailing Address	City
State	Zip
Phone	Email

SPECIAL INTRODUCTORY RATE FOR NEW COALITIONS: \$600.00 for the balance of the first year.

*after the first year, dues will be based on one of the tiers below:

*MEMBERSHIP DUES		
DUES TIER	ANNUAL REVENUE	2019 DUES
One	0 - \$199,999	\$2,400
Two	\$200,000 - \$499,999	\$3,600
Three	\$500,000 - \$999,999	\$4,500
Four	\$1,000,000 - \$1,999,999	\$5,700
Five	\$2,000,000 and above	\$7,200

Application Checklist

please include the following:

- Board of Directors List
- Coalition Mission Statement
- List of Members
- Coalition By-laws
- Evidence of incorporated

Payment Information:

Check Credit Card

[Click here to request for invoice to process by credit card](#)

Please make check payable to:

National Alliance of Healthcare Purchaser Coalitions

1015 18th St. NW, Suite 730

Washington, DC 20036

Nonprofit Tax ID #: 65-0328971

Please submit your application and additional document to Maria Cornejo at mcornejo@nationalalliancehealth.org or for questions call (202) 775-9300 ext. 100