



National Health Leadership Council Membership Application

Contact Information:

Organization Name	For Profit	Non-Profit*
Contact Name	Title	
Email	Phone number	
Second Contact Name	Title	
Second Email	Second Phone number	
Address	Suite/Floor	
City/State/Zip	Web page	

Dues Categories	
Standard \$15,000.00	Non-Profit \$5,000.00 *Reduced fee applies to academic, research, trade, advocacy or governmental organizations that do not offer direct medical services only

Acceptance:

I hereby apply for membership to the National Alliance of Healthcare Purchaser Coalitions

Applicant Signature	Date
Name	Title
National Alliance Signature	Date
Name	Title

Please mail application & check payable to:

Tax ID #65-0328971

National Alliance of Healthcare Purchaser Coalitions
 Attention: National Health Leadership Council (NHLC)
 1015 18th Street, NW, Suite 730
 Washington, DC 20036

If you have any billing questions, please email to:
mcornejo@nationalalliancehealth.org

PAYMENT IS DUE IN 60 DAYS