



Integrated Healthcare Association

AFFILIATE MEMBER

APPLICATION FORM

AFFILIATE MEMBERS – Eligible organizations include health plans, hospitals and health systems, and physician organizations. Please complete and email to Eileen DeGrazia (edegrazia@iha.org) or fax to 510-444-5842.

ORGANIZATIONAL INFORMATION

ORGANIZATION NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

FAX NUMBER

CONTACT INFORMATION

PRIMARY CONTACT NAME

TITLE

DIRECT PHONE NUMBER

EMAIL

PLEASE INDICATE ORGANIZATION TYPE AND SIZE

Check:	Affiliate Member Organization	Annual Dues
	Public and Safety Net Organizations	\$ 1,500
	Health Plans – based on total membership equivalent*	
	Up to 100,000 members	\$ 5,000
	100,001 to 250,000 members	\$ 7,500
	Over 250,000 members	\$ 10,000
	Physician Organizations – based on total membership equivalent*	
	Up to \$500,000,000	\$ 2,500
	\$500,000,000 to \$1 Billion	\$ 3,500
	Over \$1 Billion	\$ 5,000
	Hospital and Health Systems – based on annual revenue	
	Up to \$500,000,000	\$ 2,500
	\$500,000,000 to \$1 Billion	\$ 3,500
	Over \$1 Billion	\$ 5,000

* Total member equivalents determined by the following factors:

Commercial = 1 x actual members; Medicare = 3 x actual members; Medicaid = 0.5 x actual members