



Integrated Healthcare Association

AFFILIATE PARTNER

APPLICATION FORM

AFFILIATE PARTNERS – Eligible organizations include vendors and companies that provide a product, solutions, or service to 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 Partner Organization – based on annual revenue	Annual Dues
<input type="checkbox"/>	Up to \$1,000,000	\$ 2,500
<input type="checkbox"/>	\$1,000,000 to \$10,000,000	\$ 5,000
<input type="checkbox"/>	\$10,000,000 to \$100,000,000	\$ 7,500
<input type="checkbox"/>	\$100,000,000 to \$1 Billion	\$ 10,000
<input type="checkbox"/>	Over \$1 Billion	\$ 15,000