



VIRGINIA BUSINESS COALITION ON HEALTH

Membership Application

I request my organization be considered for Basic Membership to the Virginia Business Coalition on Health (VBCH). I understand that “Basic Membership” will provide me access to Coalition “Value Added Services” as described in the Membership Brochure and online at www.myVBCH.org. I understand that other Membership levels and subscriptions exist for my benefit, as well as the option to participate in value based purchasing. I am aware that an invoice will be sent to me in the 4th quarter prior to the membership year (January – December) for \$250 plus \$1 per employee (FTE’s) per year.

I am not interested in VBCH Membership at this time. However, I complete this form and ask you to keep me informed of Coalition activities.

Company _____

Address _____

City _____ State _____ Zip _____ Website: _____

Representative Name Mr. Ms. Dr. _____

Title _____ MD PhD Other _____

Phone (_____) _____ Alternate(_____) _____ Fax(_____) _____

Email Address _____

In addition to being classified as an Employer, my organization type is:

Provider Health Plan Pharmaceutical Consultant Other _____

No. of FTE Employees in Virginia _____ No. of FTE Employees Nation-wide _____

No. of Staffed Beds (for hospitals only) System-wide: _____ Individual Hospital: _____

My organization’s Health Plan: _____ Fully-Insured Self-Insured

Carve-out Option: PBM Vision Dental Contract Date Expires month _____ year _____

Committee Interest: Executive (Leadership) Finance Business & Health Summit Wellness Legislative
 Quality (Leapfrog) Communications Membership