



Corporate Membership Application

This form is for all corporations, including not-for-profit (e.g., not-for-profit health insurance firms or health care providers), but does not include the following: government agencies, not-for-profit professional or trade associations, and colleges/universities (separate form available).

Organization _____

Contact Name (main contact) _____ Title _____

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ Fax (_____) _____

Email _____

Organization Website _____

Billing Contact _____

Phone (_____) _____ Fax (_____) _____

Billing Address *if different from above* _____

City _____ State _____ Zip Code _____

Billing Email _____

Organization Description

Please add the names and contact information for any additional individuals from your organization for whom you would like to receive AzHeC information and communications:

	Name	Title	Email	Phone
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Please choose the appropriate gross revenue category and associated annual dues amount for your organization:

Check one	Gross Revenues	Annual Dues
<input type="checkbox"/>	\$1 billion or more	\$15,000
<input type="checkbox"/>	\$100 million to \$999.99 million	\$10,000
<input type="checkbox"/>	\$10 million to \$99.99 million	\$5,000
<input type="checkbox"/>	\$1 million to \$9.99 million	\$2,000
<input type="checkbox"/>	<\$1 million	\$750

Form of Payment

Check Enclosed Please Invoice Me Purchase Order # if appropriate _____

* Upon submitting this form, you are confirming that you understand that you are obligated to pay membership dues within 30 days of receipt of the invoice and that all dues are non-refundable. An invoice will be sent to you upon approval of your application.

Please send completed application (and check, if applicable) to:

Arizona Health-e Connection
 Attn: Membership
 810 W Bethany Home Rd., Suite 109
 Phoenix, AZ 85013

Questions? Please call us at (602) 288-5130 or email info@azhec.org

_____ Initials here indicate your understanding that dues are paid annually, are not prorated and must be renewed by January 31 of each year, reflecting Arizona Health-e Connection’s fiscal year.

 Signature

 Printed Name

 Title

 Date