



Employers for Healthcare Value Since 1980

Membership Application Form For Associates

LVBCH Associate Application Form – To join the Lehigh Valley Business Coalition on Healthcare (LVBCH) as an associate member, please complete the following information about your organization. Associate members are organizations such as healthcare providers, pharmaceutical companies, insurance companies, and benefit consultants or brokers. Associate members are eligible to enroll in LVBCH programs (i.e., medical, dental, vision Rx drug, etc.), attend selected LVBCH events and participate on selected LVBCH committees but are NOT eligible to serve on the LVBCH Board of Directors. Fax the completed application form to 610-317-0142 or scan it and send it via email to LVBCH@LVBCH.com. Upon receipt of your application, we will send you an invoice for your annual dues. If you have questions, please contact us

Please complete all fields on this application.

- 1) Applicant's Business Name: _____
- 2) Applicant's Business Billing Address: _____
- 3) Applicant's Business Website Address: _____
- 4) Description of Applicant's Primary Business: _____
- 5) Primary Contact Representative Name & Contact Information:
 - a. Contact Name: _____
 - b. Contact Title: _____
 - c. Contact Email: _____
 - d. Contact Phone: _____ Contact Fax: _____
 - e. Mailing Address: _____
- 6) Please answer the following Yes/No questions about your business:
 - a. Yes No Is your business a health care provider?
 - b. Yes No Is your business a pharmaceutical?
 - c. Yes No Is your business an insurance company?
 - d. Yes No Does your business provide benefits-related Broker services to employers?
- 7) Please check the box below that best describes your company/organization's annual revenue:
 - a. Less than \$1,000,000
 - b. Between \$1,000,000 and \$5,000,000
 - c. Greater than \$5,000,000

The undersigned hereby applies for membership in LVBCH on behalf of the Business listed above.

If approved for membership, we hereby accept and agree to abide by the Articles of Incorporation, Bylaws and policies of LVBCH as now in effect or hereafter amended.

Signature: _____ **Date:** _____

Print Name: _____ **Print Title:** _____

www.LVBCH.com

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