

MidAtlantic Business Group on Health Membership Information

General Information:

Your Name	Title	
Your Organization		
Street Address		
City	State	Zip
Phone	Fax	
E-mail Address		

Other Representatives of Your Organization:

1.	Name	Title	E-Mail
2.	Name	Title	E-Mail
3.	Name	Title	E-Mail

Type of Organization (please check one):

Voting Members	Non-voting Members	
Private Employer <input type="checkbox"/>	Consulting Firm <input type="checkbox"/>	Association <input type="checkbox"/>
Union <input type="checkbox"/>	Health Care Provider <input type="checkbox"/>	Insurer <input type="checkbox"/>
Government Employer <input type="checkbox"/>	Pharmaceutical Company <input type="checkbox"/>	Other <input type="checkbox"/>

Number of Employees in Your Organization:

In Maryland: _____ Total: _____

Health Plans

Please list your Maryland Health Plans:

(Continued on Next Page)

E-Mail Legislative Updates: I would like to receive legislative updates

Yes

No

Committee Participation

MHCC operates chiefly through five committees. Indicate if you would like to join a committee:

Education

Plans and provides timely seminars during the year.

Communications

Responsible for getting our message out to current and prospective members, and others, through website updates, member newsletters, etc.

Membership

Focuses on targeting new membership audience and retaining current members.

Legislative

Keeps members informed of local and national legislative initiatives that impact health care system stakeholders

Health Management

Addresses opportunities for health care purchasers to identify and manage high risk populations to improve both outcomes and cost.

Comments

Please share any comments or suggestions you have regarding your membership and the MidAtlantic Business Group on Health.

My signature confirms that my organization agrees to adhere to the bylaws of the MidAtlantic Business Group on Health.

Signature

Title

Name (Please Print)

Date

Membership Categories:

Purchaser Voting Members - who are health care purchasers and have involvement and experience in purchasing, or administering health benefits.

Non-Voting Members – who are health care providers, third party payers, pharmaceutical companies, health care consultants, health insurers, health care trade associations, regulators, etc.

Corporate- Join as a corporation. Up to 4 individuals can attend meetings at member rates. Special recognition in newsletters, programs, etc.

Individual – non-voting individuals not associated with a corporation

I have enclosed a check for \$350

I have enclosed a check for \$1000

I have enclosed a check for \$350

If paying by credit card:

Card Type (Circle One): Visa Mastercard Am Ex

Name Care is Under

Card Number

Signature

Expiration Date

Please make check out to:

MidAtlantic Business Group on Health

P.O. Box 0866

Greenbelt, MD 20768

Questions? Call John Miller at 301-552-4237