



2016 Membership and Sponsorship Form

Membership categories and fees (please check one). See definitions on page 2. Memberships run on a calendar year: January through December.

- | | | | |
|---|---------|---|----------|
| <input type="checkbox"/> Individual | \$150 | Government, Non-Profit Trade or Professional Organizations | |
| <input type="checkbox"/> Student Member | \$45 | | |
| Provider Group/Clinic | | <input type="checkbox"/> <\$1 M annual operating expenses | \$850 |
| <input type="checkbox"/> <10 providers | \$ 550 | <input type="checkbox"/> \$1 M-<\$5 million | \$1,650 |
| <input type="checkbox"/> 10-49 providers | \$1,100 | <input type="checkbox"/> ≥ \$5 million | \$3,300 |
| <input type="checkbox"/> 50+ providers | \$1,650 | | |
| <input type="checkbox"/> Ambulatory Surgery Facility | \$500 | Hospitals and Health Care Systems | |
| <input type="checkbox"/> Residence-Based Facility | \$250 | <input type="checkbox"/> Critical Access Hospital | \$850 |
| <input type="checkbox"/> Residence-Based Facility System | \$1,500 | <input type="checkbox"/> 1-2 hospitals: | |
| | | <input type="checkbox"/> <100 total licensed beds | \$1,650 |
| | | <input type="checkbox"/> 100-299 beds | \$3,300 |
| | | <input type="checkbox"/> 300+ beds | \$5,500 |
| Health Plan/Insurer | | <input type="checkbox"/> 3-5 hospitals | \$6,500 |
| <input type="checkbox"/> <100k enrollees | \$1,650 | <input type="checkbox"/> 6-8 hospitals | \$8,000 |
| <input type="checkbox"/> 100k-<500k enrollees | \$3,300 | <input type="checkbox"/> 9+hospitals | \$12,000 |
| <input type="checkbox"/> 500k+ enrollees | \$5,500 | | 0 |
| Other Organizations | | | |
| <input type="checkbox"/> <\$1 M annual operating expenses | \$1,650 | | |
| <input type="checkbox"/> \$1 M-<\$5 million | \$3,300 | | |
| <input type="checkbox"/> ≥ \$5 million | \$6,500 | | |

Sponsorship Opportunities

Please indicate your preference(s) and staff will contact you to discuss.

<input type="checkbox"/>	Website sponsorship	\$2,500
<input type="checkbox"/>	My Medicine List bus ad campaign	Call to discuss
<input type="checkbox"/>	Single webinar event	\$ 500
<input type="checkbox"/>	My Medicine List Public Service Announcement	Call to discuss
<input type="checkbox"/>	Other: _____	\$ _____

Membership Category Definitions

With the exception of Individual members (see below), the benefits of organizational membership apply to all employees. For example, all employees of a member hospital receive discounted conference registration. For associations, benefits extend to the association's board and employees but not to the entities that are members of the association. Fees are based on activity in Washington State, e.g., number of hospitals in the state, regardless of total number of hospitals that may be in other states.

Individual: Any one person, regardless of his or her employment status or association with another entity. Benefits of membership are enjoyed by the individual only and are not transferable to another person or to the member's employer.

Student Member: Any one person who is currently enrolled in any health sciences or healthcare program, from associate through doctoral degree level.

Ambulatory surgery facility: A medical facility, not part of a hospital or health care system, designed and equipped to handle procedures, surgery, pain management, and certain diagnostic procedures that do not require overnight hospitalization.

Provider group or clinic (for-profit or not-for-profit): Any group of licensed health care providers, working together under a single business license. Examples: physicians, dentists, pharmacists, home health, chiropractors, midwives. Dues are based on the number of providers.

Residence-based facility (single facility): adult family home, assisted living, or skilled nursing facility.

Residence-based facility system: An affiliated group or regional chain of residence-based facilities.

Hospitals and Health Care Systems (for-profit or not-for-profit):

Critical Access Hospitals: per Medicare criteria. A health care system is an affiliated system of health care providers offering a full range of health care services in different settings and/or locations and whose operations are managed jointly. It may include different types of entities, e.g. hospitals, nursing homes, clinics, home health agencies, and others.

Health Plan and insurer (for-profit or not-for-profit): Dues are based on number of enrollees or covered lives.

Government agency; or non-profit trade or professional organization: Government agency includes city, county, state, federal government. Non-profit trade and professional organizations, and non-profits that have 501(c)6 or 501(c)3 status. Dues are based on annual budget.

Other organizations: Laboratory, retail pharmacy chain, device manufacturer, IT industry, pharmaceutical R&D, others that do not fit into other categories.

Complete and return with payment:

Organization (or individual member) Name: _____

Contact for WPSC Activities: _____

Title (Students, Please include name of school and academic program):

Mailing Address: _____

Telephone: _____ E-mail _____

Contact/Title for Billing (if different): _____

Mailing Address/Phone/Email: _____

**Membership fees should be made payable to The Foundation for Health Care Quality
& mailed to 705 Second Avenue, Suite 410, Seattle WA 98104**