

Membership Enrollment Form



National Business Group on Health

I would like to become a member of the National Business Group on Health (The Business Group).

(Please check the appropriate category of membership for your organization)

Corporate \$8,500

Employers (except as described under Special Industry)

Special Industry \$14,000

Companies in the health care business including Health Plans, Health Systems, Health Insurers, Pharmaceutical Companies, Hospitals, Consultants and Law Firms

Membership Effective for 12 months from month of enrollment

4 Easy Ways to Enroll

1. Mail. Please see Method of Payment section

2. Fax. Please fax completed enrollment form to:
202.628.9244
ATTN: Vice President,
Membership & Member Services

3. Email. Please fill out this form and send to
membership@businessgrouphealth.org

4. Online. (for credit card payment only)
Fill out an online form at <https://www.businessgrouphealth.org/commerce/join.cfm>

National Business Group on Health
20 F Street, NW, Suite 200
Washington, DC 20001-6700
phone: 202.558.3000
fax: 202.628.9244
web: www.businessgrouphealth.org

Contact Information

COMPANY NAME _____ DATE _____
CORPORATE HQ (CITY, STATE) _____ WEB ADDRESS _____
TOTAL NUMBER OF EMPLOYEES _____ U.S. EMPLOYEES _____ UNIONIZED EMPLOYEES _____

First Contact (will receive membership renewals)

NAME _____ TITLE _____
COMPANY _____ STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____
TELEPHONE (WITH AREA CODE) _____ FACSIMILE (WITH AREA CODE) _____
E-MAIL _____

First Contact Administrative Assistant

NAME _____ TELEPHONE (WITH AREA CODE) _____
E-MAIL _____

Second Contact

NAME _____ TITLE _____
COMPANY _____ STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____
TELEPHONE (WITH AREA CODE) _____ FACSIMILE (WITH AREA CODE) _____
E-MAIL _____

Third Contact

NAME _____ TITLE _____
COMPANY _____ STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____
TELEPHONE (WITH AREA CODE) _____ FACSIMILE (WITH AREA CODE) _____
E-MAIL _____

Fourth Contact

NAME _____ TITLE _____
COMPANY _____ STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____
TELEPHONE (WITH AREA CODE) _____ FACSIMILE (WITH AREA CODE) _____
E-MAIL _____

Method of Payment (Federal ID# - 52-1147591)

Enclosed is my check for \$ _____ payable to the National Business Group on Health.

Please mail checks to: **National Business Group on Health**
Attn: Accounts Receivable, P.O. Box 75516, Baltimore, MD 21275

Please charge my: VISA MasterCard American Express

ACCOUNT # _____ EXPIRATION DATE _____
\$ AMOUNT TO BE CHARGED _____ SIGNATURE _____

Electronic Payment: 054001220 – Routing Transit #; 2030001057680 – Account #
Online payment: <https://www.businessgrouphealth.org/commerce/join.cfm>