



CONSUMER HEALTH ALLIANCE

Membership Application

(Please complete all sections)

Date of Application: _____

Name of Organization/Individual: _____

Contact: _____ Title: _____

Mailing Address: _____

Street Address: _____
(If different from Mailing Address)

City: _____ State: _____ Zip Code +4: _____

Phone: () _____ Ext: _____ Fax: () _____

E-mail: _____ Website: www. _____

Referred by: _____ Company: _____

MEMBERSHIP CATEGORIES

Discount Healthcare Programs (DHPs) offer consumers the opportunity to directly purchase specified healthcare services and related products from contracted healthcare providers at prices discounted from the established retail prices charged by the contracted healthcare providers. DHPs are NOT insurance. They do not arrange for the provision of healthcare services, assume the risk of payment for healthcare services and related products, or set limits on the type or amount of healthcare services or products consumers may obtain through their programs.

Board Members--Members of the Board of Directors (Board Members) of the Consumer Health Alliance (CHA) must be entities that operate DHPs, including on a private label basis. In addition to the benefits of Executive Members described below, Board Members shall have full voting rights with respect to all matters brought before the CHA. Board Members may designate one individual to serve on the Board of Directors. Board Members shall enjoy such other rights as specified in the CHA bylaws and as determined from time to time by the Board of Directors. Board Members must share in all monthly assessments. *Board Members must be in good standing with the appropriate regulatory authorities in their states of operation and must comply with CHA's Certification Agreement (see page 2).*

Executive Members--Executive Members shall be entitled to vote on all matters brought before the CHA membership and on such other matters as designated by the Board of Directors, and may serve on CHA committees when deemed appropriate by the Board of Directors. Executive Members shall receive all periodic CHA federal and state legislative monitoring reports, bulletins, and newsletters, and all CHA media updates. Executive Members shall have password-protected access to members-only portions of the CHA website, as well as a link from the CHA website to the Executive Member's website. Executive Members may make limited use of CHA's outside counsel (Mayer, Brown, Rowe & Maw), and have limited access to CHA lobbyists in particular states. Executive Members may use and display the CHA logo to indicate the Executive Member's membership in CHA. *Executive Members must be in good standing with the appropriate regulatory authority in their states of operation and must comply with CHA's Certification Agreement (see page 2).*

(Final determination of the appropriate membership category for any applicant is the duty of the CHA Board of Directors)

ANNUAL MEMBERSHIP DUES

Board Member

\$10,000 per month + Assessments
(Assessments approximately \$5K per month)

Executive Member

- \$10,000 per year
- \$9,600 annually
(*\$400 discount if paid annually*)
- \$2499 per quarter
(*billed quarterly*)
- \$833 per month
(*EFT draft or credit card*)

(Dues are assessed based upon the anniversary date of each member)

Note: An estimated 50% of annual dues are allocated to lobbying and political action and are not deductible as a business expense.

BOARD/EXECUTIVE MEMBERS – STATES OF OPERATION

List all states in which your company operates:

Are you currently in good standing with the appropriate regulatory authorities in all of the states in which your company operates? If no, please explain.

BOARD/EXECUTIVE MEMBERS – VOTING AUTHORITY

A voting Delegate and Alternate must be chosen to vote on CHA issues. Please indicate below who will have this authority from your organization. (Information pertaining to official CHA business will be sent to the designated contact person.)

DELEGATE: (Name & Title) _____

Street Address _____

City _____ **State** _____ **Zip Code +4** _____

Phone () _____ **Ext** _____ **Fax** () _____ **Toll Free** () _____

E-mail _____

ALTERNATE: (Name & Title) _____

Street Address _____

City _____ **State** _____ **Zip Code +4** _____

Phone () _____ **Ext** _____ **Fax** () _____ **Toll Free** () _____

E-mail _____

CERTIFICATION AGREEMENT

All members agree to comply with and be bound by the CHA Code of Conduct, bylaws, and decisions of the CHA Board of Directors. Member applicants must submit the following for review by CHA for compliance with applicable requirements of the CHA Code of Conduct:

- Company website address/toll-free customer service number
- ALL company marketing materials including applications (4 copies of each item preferred)
- ALL company fulfillment materials including membership cards (4 copies of each item preferred)

Compliance of such materials with the CHA Code of Conduct does not guarantee membership in CHA. The acceptance of an applicant for membership rests in the discretion of the CHA Board of Directors.

Any activity or action by a member that is deemed by the Board of Directors to be detrimental to the interests of the CHA is grounds for termination of membership. Members terminated at any time agree to cease and desist from further use of CHA materials, including, but not limited to, the CHA logo.

I hereby certify that I have read and agree to the conditions of membership in the CHA as set forth in this application. I also certify that my organization complies with the applicable provisions of the CHA Code of Conduct, published at www.consumerhealthalliance.org.

Submitted By _____ Title _____
(Please Print or Type) (Please Print or Type)

Signature _____ Date _____

Mail the completed, signed application, all paperwork, and appropriate membership dues made payable to Consumer Health Alliance to:

**Consumer Health Alliance
Membership Committee
5050 Quorum, Suite 700
Dallas, Texas 75254
(800) 550-1242/Fax: (866)-830-8056**

FOR CHA MEMBERS WHO CHOSE TO PAY DUES MONTHLY:

BY CHECK: Include first month's dues of \$833 plus a voided check to set-up draft. (Drafted on the 1st of each month)

BY CREDIT CARD:

CREDIT CARD# _____ **EXPIRATION DATE** _____/_____/_____