

NAWHC Membership Application

Date: _____ Organization Name: _____
 Address: _____ City: _____ State: _____ ZIP: _____
 # of onsite/near-site clinics: _____ # of onsite fitness centers: _____ Total US Workforce: _____

Identify two primary contacts and, if appropriate, include a list of additional staff to receive NAWHC information:

Name: _____	Title: _____
Email: _____	Phone: _____
Name: _____	Title: _____
Email: _____	Phone: _____

MEMBERSHIP CATEGORIES AND DUES - Select the appropriate category and indicate dues level:

Please note: *Members of a Business Coalition receive 50% off NAWHC dues.* Name of Coalition: _____

Health Center Sponsor: A public or private employer or union that sponsors or is considering sponsoring an onsite/near-site clinic, pharmacy, fitness or wellness facility for its OWN employees or participates in a multi-employer clinic. This category **EXCLUDES** firms that market their onsite services to other employers. Membership includes access to all activities, resources and staff of NAWHC. Dues are based on number of active employees:

Under 500 employees: **\$500** 501-1000 employees: **\$750** 1001-5000: **\$1,500** >5000 employees: **\$3,000**

Provider-Sponsor Member: An organization that sponsors an onsite clinic for its OWN covered population AND, as a business, offers to set up, manage and/or staff an onsite/near-site clinic or fitness center for other employers. **\$3,000**

Partner Member: A vendor, pharma firm, supplier, consultant, health provider or other organization whose PRIMARY business is to provides services, personnel, products, or management to support onsite/near-site/mobile or other health and fitness facilities/activities. Membership includes access to all-member programs and publications. Dues are based on the number of employees:

<25: **\$1,000** 25-100 employees: **\$2,750** >100 employees: **\$5,000**

Non-Profit Member: A non-profit academic, government, research or voluntary organization that does not provide direct medical services, but accredits, reports on, studies or is involved with onsite health/fitness facilities. Membership includes access to all-member NAWHC programs and publications. **\$500**

Individual Member: An individual not affiliated with an employer-sponsor, provider or a vendor who supports or advises employers on worksite programs, who is interested in worksite health. Membership includes access to all member programs and publications. **\$400**

Guidebook for Measuring the Performance of Worksite Health and Wellness Centers is intended to enable employers to understand the value of measurement, how it fits into their type of center and services, to identify and incorporate recognized metrics in their RFPs, and to evaluate the performance of their centers and the vendors or providers who manage them Member **\$0** Non-Member **\$125**

Send application and check payable to "NAWHC", at 10260 N Central Expy Suite 285 Dallas, TX 75231.

For credit card payment: Total: \$ _____ Name on Card: _____

Type of Card: Visa MasterCard AMEX Card Number: _____ Exp. Date: _____

Address of Cardholder (if different than organization address): _____

Address: _____ City: _____ State: _____ ZIP: _____

Signature: _____ Date: _____

For more information contact Larry Boress, 224-308-6622 or lboress@nawhc.org