



**2017 Membership Application
(Non-Voting Affiliate Member)**

MISSION: Nevada Business Group on Health (NVBGH) is a partnership between public and private sectors formed to provide quality and cost-effective health care for the mutual benefit of employers, employees and families. We identify opportunities to measure and evaluate the value in benefits offered.

Referred by: _____

Applicant (Company Name) _____ wishes to join NVBGH as a non-voting member, ascribe to the organizational mission, and abide by the following:

Membership Criteria

1. Applicant does not participate as an employer with a self-funded employee medical, dental, or prescription benefit management plan in NVBGH affiliated purchase programs for the benefit of their employees, but wishes to participate as a stakeholder in achieving NVBGH Mission.
2. If applicant is a Health Plan, Hospital Health Care System, Pharmacy Benefit Management organization or Health Care Provider, then applicant must be a provider of services to Group employer members with self-funded or insured health plan programs, and maintain that ongoing relationship.
3. If applicant is an employer Benefit Consulting organization, then applicant must have a client relationship with a Group member and maintain that ongoing relationship.
4. If applicant is a Pharmaceutical Company, then applicant possesses health awareness, burden of illness, and educational tools and resources which provide multi-stakeholder, collaborative value in disease, health productivity, and health care management.
5. Non-voting membership includes the following benefits:
 - a. Attendance at General Membership Meetings.
 - b. Attendance and participation in annual NVBGH Employer Health Conferences
 - c. Participation in Group health education resource directory web-site
6. Applicant agrees to pay annual NVBGH membership fee of
 - a. \$1,500 Bronze Membership
 - b. \$2,500 Silver Membership
 - c. \$5,000 Gold Membership
 - d. \$7,000 Platinum Membership
7. Applicant agrees to follow NVBGH by-laws and membership policies established by the Group which may be changed from time to time by the Board.

Signature _____ Date _____

Name _____ Title _____
(Please Type or Print)

The Board reserves the right to approve or deny any application presented. Applicants will not be accepted as members until approved by majority vote of the Board.

Applicant Information

Date: _____

Name of Organization: _____

Primary Contact Person Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Alternative/Mobile: _____

Fax: _____ E-mail: _____

A brief description of your organization's mission or business:

Upon membership approval, membership fees will be due in full.

NVBGH is a federal tax exempt 501 (C) 6, Nevada Non-Profit Organization

NHCC TIN: 88-0348643

PLEASE RETURN COMPLETED APPLICATION TO:

The Nevada Business Group on Health
1755 E. Plumb Lane, Suite 112
Reno, NV 89502
Telephone: (775) 329-8007
Fax: (775) 329-4007