



**2017 Membership Application
(Non-Voting Allied 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 the NVBGH Mission.
2. Non-voting Allied membership includes the following benefits:
 - a. Access to upcoming NVBGH education programs and workshops at discounted member pricing
 - b. Access to group purchasing discounts for health screenings, immunizations (new 2014 ACA Rules)
 - c. Access to group purchasing discounts for executive physicals
 - d. "Members Only" website – offering secure access to our online resources including our Membership Directory and Member Resources and educational materials
 - e. Invitation to Annual Statewide Employer Health Care Summit
 - f. Opportunities to participate in health research such as worksite health improvement projects in collaboration with area medical providers (professionally managed research and disease management demonstration projects)
3. Applicant agrees to pay annual NVBGH Allied membership fee of \$199. Membership is from January 1 through December 31st of each year. Membership renewal fees must be received no later than January 31st.
 - a. \$199 Allied Membership
3. Applicant agrees to follow NVBGH by-laws and membership policies established by the Group which may be changed from time to time by the NVBGH Board of Directors.

Signature _____ Date _____

Name _____ Title _____
(Please Type or Print)

The Nevada Business Group on Health (NVBGH) Board of Directors reserves the right to approve or deny any application presented. Applicants will not be accepted as members until approved by majority vote of the NVBGH 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

NVBGH TIN: 88-0348643

PLEASE RETURN COMPLETED APPLICATION TO:



1755 E. Plumb Lane, Suite 112
Reno, NV 89502
Telephone: (775) 329-8007
Fax: (775) 329-4007