



COMMUNITY HEALTH PARTNERSHIP

## MEMBERSHIP APPLICATION INSTRUCTIONS

### **1. Save the CHP Membership Application to your computer**

There are two ways to download and save this application to your computer:

1. Right-click the Membership Application link and select “Save Link As”.  
Select a location on your local computer, and click “Save.”
2. Hover your mouse in the lower right corner until you see a toolbar appear with multiple icons.  
Click on the disk icon, and save to your local computer.

### **2. Fill out your CHP Membership application**

Type your information in the highlighted spaces in the membership application.

You may have limited space for some questions.

When you have completed your application, save it again to your computer.

### **3. Upload your membership application to CHP**

To be considered for membership, submit your membership application and any requested documentation on our website.

Complete the application process on our website here:

<http://www.ppchp.org/membership>



## **Community Health Partnership Membership Details & Application**

### **General Overview**

Community Health Partnership was formed in 1992 by local health care leaders to foster a coordinated approach to local health care issues. Our role is to facilitate collaboration among providers and identify ways in which we can work together to address community health issues.

During these uncertain time of health care reform, cost pressures on providers, and economic stresses, CHP's forum for collaboration is more relevant than ever. CHP members know each other well, are open to new ways of working together, and are not afraid to take chances to do what is best for our community.

### **Membership Guiding Principles**

- CHP seeks diverse representation in its membership and on the Board of Directors, including cultural and geographic representation.
- CHP reflects balanced membership from a variety of providers, consumers, and health care industry segments.
- CHP values the perspectives of clinicians and encourages participation from physicians, nurses and other medical professionals.
- CHP benefits from subject matter experts within its membership and on the Board of Directors.
- CHP is committed to maintaining a dynamic, flexible and responsive environment within its membership and on the Board of Directors.

### **Process**

Membership in CHP is through an application process to the CHP Board of Directors, who have the sole authority to review and approve memberships. The process can take up to three weeks due to Board meeting scheduling. Dues payment is made following Board approval. Membership terms are from May 1 through April 30. Dues may be prorated for those joining after May 1.

### **Benefits**

Membership in CHP allows full participation in CHP-led collaborative activities. Each member in good standing receives one vote in annual elections for the Board of Directors. The member decides who from its organization will vote. Member organizations are eligible for discounts at CHP events and may send multiple representatives to free general membership meetings. Members receive recognition in CHP promotional materials and on our website.

### **Meetings/Annual Election**

A minimum of four General Membership meetings are held throughout the year and focus on a variety of interesting and relevant topics. Annual elections for representatives to the Board of Directors are held at the Annual Meeting in the fourth quarter of the fiscal year. Members are notified in advance of the Annual Meeting date and receive a slate of nominations at least one month prior to the date of the Annual Meeting. Nominations for the Board of Directors may come from the Nomination Committee, via email from the general membership, or from the floor during the Annual Meeting. All nominees must be members in good standing or belong to an organization whose membership is in good standing. The Board of Directors elects its officers immediately following the general membership annual election.

**Directions: Please complete the following fields by clicking in the boxes and typing, or you may print out the application and complete with pen.**

### **Organization Basics**

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Organization Name

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Address

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City

State

Zip

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Telephone

Fax

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Web Site address

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Contact Person

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Telephone

E-Mail Address

**Please tell us about your organization.**

### **Annual Dues**

Most of CHP's operational costs are covered by dues received from members. Dues are tiered based on the organization's revenue. Individual memberships are for individuals who are not representing an organization. Nonprofit organizations should use the total dollar amount on line 12 of Form 990 as the basis for calculating dues; for profits should use total gross revenues as the basis.

Level	Criteria	Annual Dues
Tier 1	\$75 million and up	\$10,000
Tier 2	\$50 million to \$75 million	\$ 7,500
Tier 3	\$10 million to \$50 million	\$ 5,000
Tier 4	\$1 million to \$10 million	\$ 2,500
Tier 5	\$500,000 to \$1 million	\$ 1,000

Tier 6	less than \$500,000	\$ 500
Tier 7	Governmental Exemption	\$ 500*
Tier 8	Individuals	\$ 100

\*An exemption may be granted for agencies that are formal departments of federal, state, county, or city governmental that operate with strict funding restrictions in order to remove barriers for collaboration. Exemption is requested using the Governmental Exemption Application.

**Nonprofit organizations**

Enter the total on line 12 of your most recently filed IRS Form 990 here: \$\_\_\_\_\_.  
Use this number to figure appropriate membership dues from the chart above.

**For profit organizations**

Enter the total gross revenues from your most recently filed IRS form here: \$\_\_\_\_\_.  
Use this number to figure appropriate membership dues from the chart above.

**Which CHP benefits are you most interested in?** (Check all that apply)

- Collaborating in solutions for community health issues
- Networking with other health care leaders
- Sharing your organization’s information with other CHP members
- Sponsoring a CHP event or meeting
- Participating in the CATCH System
- Developing Community Health Information Exchange (HIE)
- ACO Medicaid Payment Pilot Project (RCCO)
- Health Care Reform Initiatives
- Learning about Health Information Technology and Electronic Medical Records
- Organization profile on the CHP Website
- Other (please describe) \_\_\_\_\_

**How did you first learn about Community Health Partnership?**

- Newspaper article
- CHP Board or Staff
- Other Non-Profit
- Referral (who) \_\_\_\_\_

**Thank you for completing your membership application!  
Please save this document and submit your application via the  
instructions on our website at [ppchp.org/membership](http://ppchp.org/membership).**