

**Membership Details & Application**

**General Overview**

Community Health Partnership (CHP) was formed in 1992 by local health care leaders to foster a coordinated approach to local health care issues. CHP exists to improve the health of the Pikes Peak region. Our vision is to pioneer a process of collaborative leadership that results in measurable improvements in community health.

During these uncertain times with health care reform and challenging community problems, CHP seeks to be a place for truth and courage to advance the difficult conversations that are key to better health outcomes, to stimulate innovation, to enable front-line organizations to explore, test, refine, and implement solutions to challenging community problems.

**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 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 two months due to Board meeting scheduling. 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. 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 two 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 Executive 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.

**Community Health Partnership**

**Membership Details & Application**

Organization Name

Address

City State Zip

Telephone Fax

Web Site address

Contact Person

Telephone E-Mail Address

**What is your interest in joining CHP?**

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**Annual Dues**

Annual dues are tiered based on the member 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.

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| --- | --- | --- | --- |
| Level | Criteria | Annual Dues | Government |
| Tier 1 | $100 million and up | $10,000 | $5,000 |
| Tier 2 | $50 million to $100 million | $ 7,500 | $3,750 |
| Tier 3 | $10 million to $50 million | $ 5,000 | $2,500 |
| Tier 4 | $1 million to $10 million | $ 2,500 | $1,250 |
| Tier 5 | $500,000 to $1 million | $ 1,000 | $ 500 |
| Tier 6 | less than $500,000 | $ 500 | $ 250 |
| Tier 7 | Individuals | $ 100 |  |

*\*An exemption may be granted for agencies that are formal departments of federal, state, county, or city government 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.

**Please tell us about your organization.**

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| --- |
|  |

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

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| --- |
| \_\_\_ Collaborating in solutions for community health issues  \_\_\_ Networking with other health care leaders  \_\_\_ Providing input to CHP regarding focus/direction of CHP initiatives |
| \_\_\_ Eligibility to run for a Board position  \_\_\_ Voting for Board members |
| \_\_\_ Organization’s profile on the CHP website |
| \_\_\_ Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

\_\_\_\_ Newspaper article \_\_\_\_ Other Non-Profit

\_\_\_\_ CHP Board or Staff \_\_\_\_ Referral (who)

\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_