



2012 General Membership Application

Effective January 1, 2012 - December 31, 2012

Name of Organization: _____

Address of Organization: _____

Main Phone Number: _____ Fax Number: _____

Person Completing this Form: _____ Email: _____

Primary Contact: _____ Email: _____

Type of Organization:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Academic Institution | <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Healthcare Practitioner Organization | <input type="checkbox"/> Pharmaceutical Research Organization |
| <input type="checkbox"/> Accreditation Agency/Standard Development Organization | <input type="checkbox"/> Federal Healthcare Program | <input type="checkbox"/> Healthcare Trade Association | <input type="checkbox"/> Pharmacy Benefit Management Company |
| <input type="checkbox"/> Chain Pharmacy Corporation | <input type="checkbox"/> Generic Pharmaceutical Organization | <input type="checkbox"/> Independent Community Pharmacy | <input type="checkbox"/> Quality Improvement Organization |
| <input type="checkbox"/> Health Plan | <input type="checkbox"/> Health Information Technology | <input type="checkbox"/> Long Term Care Association | <input type="checkbox"/> State Medicaid Association |
| <input type="checkbox"/> Consumer Advocacy Group | <input type="checkbox"/> Healthcare Consulting Organization | <input type="checkbox"/> Patient Advocacy Organization | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Employer/Employer Coalition | <input type="checkbox"/> Healthcare Foundation | | |

For each membership application, **up to four individuals within the organization can participate in any of PQA's workgroups.** Please see the attached Workgroup Memo for descriptions of the current 2011 workgroups.

REMITTANCE INFORMATION

Make checks payable to PQA, Inc. and mail to: Karen Peterson, Administrator
PQA, Inc., 9687 South Run Oaks Drive, Fairfax Station VA 22039

To request an electronic invoice please email your organization's name, complete mailing address and the invoicing contact person to Karen Peterson at kpeterson@PQAalliance.org

If you have any questions about membership please contact Jackie Green, Director of Business Development & Operations at 703-927-1599 or jgreen@PQAalliance.org

(OVER)



2012 Dues Structure & Verification Form

Applicable January 1, 2012 - December 31, 2012

Non-Profit Organizations

Based on Annual Operating Budget	Dues
<input type="checkbox"/> Less than \$500,000	\$ 1,375
<input type="checkbox"/> Between \$500,000 and \$4,999,999	\$ 5,500
<input type="checkbox"/> \$5 million up to \$ 10 million	\$ 8,250
<input type="checkbox"/> \$10 million up to \$ 50 million	\$16,500
<input type="checkbox"/> Over \$50 million	\$27,500

For-Profit Corporations

Based on Annual U.S. Based Sales	Dues
<input type="checkbox"/> Less than \$4 million	\$ 3,000
<input type="checkbox"/> Between \$4 million and \$10 million	\$ 5,500
<input type="checkbox"/> \$10 million up to \$ 50 million	\$ 8,250
<input type="checkbox"/> \$50 million up to \$ 250 million	\$16,500
<input type="checkbox"/> Over \$250 million	\$27,500

Academic Membership

Individuals with a full-time faculty appointment from an academic institution: \$500

Dues Waivers

Organizations can apply for a dues waiver. These waivers will be evaluated on a case-by-case basis by the Board of Directors.

DUES VERIFICATION: SIGNATURE REQUIRED

Please verify the appropriate dues level for 2012 by checking one of the boxes above.

Submitted by: _____ Email: _____

Please Print

Organization: _____

Please return the completed 2 page application:

Electronically: kpeterson@PQAalliance.org

Via FAX: 703-690-1756

Mail: 9687 South Run Oaks Drive, Fairfax Station, VA 22039