



Taking Responsibility for America's Health

Associate Partner Application

An Associate Partner is a large firm, company or corporation that works with and provides programs, products or services to physician groups.

Application is hereby made to become a Associate Partner of America's Physician Groups (APG), formerly CAPG, a 501(c)(6) not-for-profit corporation.

Organization's Name: _____

Phone: _____ Fax: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax : _____

Company Website Address: _____

Type of Business (describe briefly): _____

Company Annual Revenues: \$ _____ As of Fiscal Year Ending: _____

Signature _____ Date _____

Business References (from the physician group community)

1. Name: _____ Title: _____

Company Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____
2. Name: _____ Title: _____

Company Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

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Management

Please designate two individuals to act as the primary contact/representatives. These individuals will also be placed on the general distribution list for newsletters, programs and other association information.

1.	_____	_____	_____
	(Name)	(Title)	(Email)
2.	_____	_____	_____
	(Name)	(Title)	(Email)

Partnership & Benefits

An Associate Partner is a large firm, company or corporation that works with and provides programs, products or services to physician groups. The benefits of Associate Partnership include:

- Visibility to organizational members via the APG Membership Directory.
- Receipt of general information including the *Journal of America's Physician Groups* magazine and other publications.
- Attendance at APG General Membership Meetings and other education programs.
- Preferential consideration to sponsor/exhibit at the America's Physician Groups Annual Conference.
 - Associate level consideration for an annual meeting exhibit booth location/placement.
- Recognition of your partnership with APG in our website Partner Directory.
- Announcement of your partnership with APG.

The acceptance of an Associate Partner does not in any way constitute an endorsement of services and/or products by America's Physician Groups (APG).

Annual Fee

The annual fee for an Associate Partner is \$15,000. The fee becomes payable upon the application's approval.

Application Process

Applications for an Associate Partner are subject to review by the Executive Committee and approval by the APG Board of Directors. Upon reviewing applications, there may be a request for additional information. Applicants will be notified in writing regarding acceptance of this application by the Board.

Please submit your application to: America's Physician Groups
Partnership Department
915 Wilshire Blvd, Suite 1620
Los Angeles, CA 90017

For further information, contact us at (213) 624-2274