

PARTNER APPLICATION

Application is hereby made to become a Corporate, Associate or Affiliate Partner of America's Physician Groups, a non-profit 501(c)(6) corporation.

ORGANIZATION'S FULL LEGAL NAME _____ ESTABLISHED/FOUNDED (YEAR) _____

ORGANIZATION'S STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____ ORGANIZATION WEB ADDRESS _____

COMPANY ANNUAL REVENUES \$ _____ AS OF FISCAL YEAR ENDING _____

NAME AND TITLE OF INDIVIDUAL TO WHOM DUES BILLING SHOULD BE SENT _____

TELEPHONE _____ MOBILE _____ EMAIL _____

ADDRESS (IF DIFFERENT FROM ABOVE) _____

TYPE OF BUSINESS (DESCRIBE BRIEFLY) _____

PARTNERSHIP TYPE (please select one):

CORPORATE

A major firm, company or corporation that works with, supports, and/ or provides programs, products or services to physician organizations.

\$25,000 ANNUAL PARTNER FEE

ASSOCIATE

A large firm, company or corporation that works with and provides programs, products or services to physician organizations.

\$15,000 ANNUAL PARTNER FEE

AFFILIATE

A company, corporation or consulting firm with total annual revenue under \$5 million that works with and provides programs, products or services to physician organizations.

\$3,000 ANNUAL PARTNER FEE

Business References (from the physician organization community)

NAME (1) _____ TITLE _____

COMPANY NAME _____ EMAIL _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME (2) _____ TITLE _____

COMPANY NAME _____ EMAIL _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

MANAGEMENT

Please designate two individuals to act as the primary APG representatives. These individuals will be placed on distributions for updates, programs and other association information.

NAME (1) _____ TITLE _____

TELEPHONE _____ MOBILE _____ EMAIL _____

NAME (2) _____ TITLE _____

TELEPHONE _____ MOBILE _____ EMAIL _____

PARTNERSHIP BENEFITS	Corporate	Associate	Affiliate
Acknowledgement of partnership to organizational members on APG website and other branded collateral	✓	✓	✓
Receipt of publications including <i>Journal of America's Physician Groups'</i> magazine and other general information	✓	✓	✓
Attendance at APG General Membership Meetings and other education programs	✓	✓	✓
Consideration as faculty to present educational programs at select APG meetings	✓	✓	
Complementary sponsorship of two APG General Membership or other meetings; must be approved by APG.	✓		
Preferential consideration to sponsor/exhibit at APG Annual Conferences	✓	✓	✓
Partnership-level consideration for exhibit booth placement	✓	✓	✓
Discounted fees to exhibit at conference vs. non-partners	✓	✓	✓
Discounted registration fees for additional attendees	✓	✓	✓
Consideration to sponsor, support and participate in APG pilots and focus groups	✓		
Consideration to sponsor, support and participate in APG projects and events	✓	✓	✓
Opportunities to hold special meetings with APG leadership to discuss potential joint initiatives	✓		
Priority treatment for assistance on healthcare issues from APG staff/officers	✓		
Priority consideration for article submission in the <i>Journal of America's Physician Groups'</i> magazine	✓	✓	

The acceptance of a **Corporate, Associate or Affiliate Partnership** does not in any way constitute an endorsement of services and/or products by America's Physician Groups.

SUBMISSION

Please sign and date application, then submit to America's Physician Groups, 915 Wilshire Blvd., Suite 1620, Los Angeles, CA 90017. For information, please contact us at (213) 624-2274. Completed applications will be submitted to the Board of Directors for approval. Dues will be invoiced after the Board approves the application.

SIGNATURE _____

DATE _____