



Pittsburgh
Business Group
on Health

Associate Member Application

Pittsburgh Business Group on Health is a 501(c)(3) organization. Tax Identification #: 25-1420994.

Name of Organization: _____

Address: _____

City: _____ State: _____ Zip code: _____

Organization Representatives

Primary Representative

Name: _____ Title: _____

Email: _____

Phone: _____

Secondary Representative

Name: _____ Title: _____

Email: _____

Phone: _____

Invoice Recipient, if needed: _____ Title: _____

Email: _____

Organization Information

Type of Industry: _____

Organization Description: _____



Membership Dues

PBGH membership is for 12 months from the date of application.

Select Level	Total Revenue	Associate Membership Dues
	< 1 million	\$2,100.00
	1.1 million - 3 million	\$2,600.00
	3.1 million - 5 million	\$3,300.00
	5.1 million - 10 million	\$3,700.00
	10.1 million - 15 million	\$4,100.00
	15.1 million +	\$5,000.00

Referral Discount for Employer Members

Referral Discount of 15% for the next year's dues.

Referral organization: _____

Qualifications, Rights, and Privileges of Associate Members

An applicant for Associate Membership in the Pittsburgh Business Group on Health (PBGH) must meet the following qualifications:

- Be a consultant, broker, vendor, or health care organization, including, without limitation, health insurers, and health plans.
- Meet such other uniform requirements as may be established from time to time by the Board of Directors.

Associate Members may:

- Participate in the education and networking opportunities and events conducted or sponsored by PBGH.
- Serve on any committees that are not designated exclusively for Voting Employer Members.



Associate Members of PBGH do not have voting rights in the Coalition and are not eligible to serve on the PBGH Board of Directors. Representatives of an Associate Member are prohibited from marketing to Employer Members outside of PBGH-sponsored activities/events without permission from the PBGH Board of Directors.

The applicant and its designated representatives agree to follow the By-laws and membership policies established by the Board of Directors, which may be changed from time to time. It is also agreed that the applicant and its designated representatives shall abide by the core values of the PBGH. Continuation of membership is at the discretion of the PBGH Board of Directors.

Signature: _____ Date: _____

Name of Organization: _____

Payment information

Please note: Payment of dues to associations is not deductible as a charitable contribution for Federal income tax purposes. However, dues may be deducted as an ordinary and necessary business expense or deducted under other provisions of the IRS Code as recommended by your tax accountant.

Please make your check payable to: *Pittsburgh Business Group on Health* and mail to:

**Pittsburgh Business Group on Health
322 N. Shore Dr.
Pittsburgh, PA 15212**

Please include your organization's Accounts Payable contact for invoicing:

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip code: _____

Email: _____

Phone: _____

If you wish to pay electronically, we can send you an invoice. Please let us know.

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If you have any questions, contact Rachel Dengler at rachel.dengler@pbghpa.org*