



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.

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

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.

\$25,000 ANNUAL PARTNER FEE

\$15,000 ANNUAL PARTNER FEE

\$5,000 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 _____