

## 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.

**\$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	✓	✓	
Complimentary 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 \_\_\_\_\_