

## 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 our APG website and other branded collateral	✓	✓	✓
Receipt of the "Washington Update" weekly e-newsletter and other general information	✓	✓	✓
Attendance at APG General Membership Meetings, Health Equity & Social Justice Forum, and other educational programs	✓		
Attendance at APG General Membership Meetings and other educational programs.		✓	✓
Preferential consideration given to sponsor/exhibit at the APG Spring and Fall Conferences.	✓	✓	✓
<ul style="list-style-type: none"> <li>Partnership-level consideration for exhibit booth placement</li> </ul>	✓	✓	✓
<ul style="list-style-type: none"> <li>Discounted fees to exhibit at our conferences</li> </ul>	✓	✓	✓
<ul style="list-style-type: none"> <li>Discounted registration fees for attendees</li> </ul>	✓	✓	✓
Consideration and discounts to sponsor, support and participate in APG projects, events, pilots, and focus groups	✓	✓	✓
Representation on the APG Partner Advisory Council	✓	✓	✓
Participation in APG partner programs including the CA Policy Update	✓	✓	✓
Consideration as faculty to present educational programs at selected APG meetings	✓		
Complementary sponsorship of two APG General Membership or other meetings; must be approved by APG.	✓		
Opportunities to hold special meetings with APG leadership to discuss potential joint initiatives	✓		
Priority treatment for assistance on healthcare issues from APG staff/officers	✓		

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 mail to America's Physician Groups, 555 W. 5th Street, Floor 35, Los Angeles, CA 90013, or email to [Lhawkins@apg.org](mailto:Lhawkins@apg.org). 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 \_\_\_\_\_