



INDIVIDUAL ADVOCACY MEMBERSHIP APPLICATION FORM

Name

Address

Line 2

City

State

Zip

Occupation

Employer

Email Address

Signature

Date

Benefits of Membership:

- ✓ Exclusive event access to advocacy meetings, panels, and receptions
- ✓ Subscriptions to *The Monthly Dose* and the *Washington Update* to keep abreast of the latest in health policy from D.C. and beyond
- ✓ Opportunities to participate in the APG Federal PAC & PAC events plus access to advocacy campaigns & materials
- ✓ Annual Spring and Fall Conference Registration Discount

\$10
APG Member Annual Dues

\$450
Non-Member Annual Dues

I am (check one):

- A physician or an executive that is currently employed by (or who contracts with) an APG member organization.
- A physician or executive from a medical group, IPA or other organization that takes risk, or aspires to take risk.
- A researcher, professor, or student at a medical school, school of osteopathic medicine, school of public health, or other graduate healthcare or business degree program.
- Other: _____



Inform



Advocate



Engage

APG staff will review Advocacy Membership applications and may request additional information as needed. For additional information please contact Matt DoBias at mdobias@apg.org or 202-421-8551.