



Associate Member - Membership Form

Name of Organization: _____

Address of Organization: _____

Main Phone Number: _____ Fax Number: _____ Website: _____

Type of Organization (check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Not-for-Profit Association | <input type="checkbox"/> For-Profit Association | <input type="checkbox"/> Standards Development Organization |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> Pharmacy Company | <input type="checkbox"/> E-Prescribing Network |
| <input type="checkbox"/> MTM Vendor | <input type="checkbox"/> Pharmaceutical Manufacturer | <input type="checkbox"/> Pharmacy Information or Publishing Company |
| <input type="checkbox"/> HIT Software Vendor | <input type="checkbox"/> Pharmacy Benefit Manager or Insurer | <input type="checkbox"/> Other (please specify) _____ |

Name of Organization Contact: _____

Title: _____

Email: _____ Phone Number: _____

Indicate Membership Annual Dues Amount: _____

Checks should be made payable to “American Pharmacists Association”, the organization with fiduciary responsibility for the Collaborative, with “Pharmacy HIT Collaborative” in the memo line. Mail completed membership form and check payments to:

Jim Owen, Associate Vice President, Associate Vice President, Practice and Science Affairs American Pharmacists Association; 2215 Constitution Avenue NW; Washington DC 20037-2985; Phone 202-429-7540 • FAX 202-638-3793. To request an electronic invoice please email your organization’s name, complete mailing address and the name of contact person for invoicing purposes to jowen@aphanet.org

The Current membership period is for the calendar year of 2017.

Pharmacy HIT Collaborative Membership Categories

Collaborative Council Member: Members are not-for-profit national pharmacy organizations that support the practice of pharmacy. Members vote on governance issues and are aligned with Collaborative’s mission.

Collaborative Associate Member: Associate members are for-profit or not-for-profit organizations that wish to contribute to the Collaborative’s overall mission.

Associate Member Annual Dues Matrix:

For-Profit: Based on Annual U.S. Sales	Not-for-Profit: Based on Operating Budget	Annual Dues
Over \$50 Million	Over \$10 Million	\$25,000
Less than \$50 Million	Less than \$10 Million	\$10,000

Petition Membership Category:

- Petition category for organization requesting to participate at less than \$10,000 annual dues.
- Petitioners’ requests are reviewed and considered for approval by the Collaborative Executive Committee. Approved organizations are included as Collaborative Associate Members.

Benefits:

- Recognition as a Collaborative Associate Member in all Collaborative public documents.
- Ability to designate one representative, non-voting member to attend Collaborative Council meetings.
- Designated representative(s) may participate in Collaborative conference calls and will receive copies of approved minutes.
- Inclusion in the Collaborative electronic messages related to HIT issues affecting the Collaborative’s objectives.
Ability to designate volunteer(s) to serve as members on content committees and task forces. (Designated volunteer(s) are assigned to committee or task force by the Collaborative Executive Director.)
- Recognition in select Collaborative documents.

Membership questions:

Questions about Council or Associate membership or requests for a petition category membership should be directed to: **Shelly Spiro, Executive Director, Pharmacy HIT Collaborative** at **703-599-5051** or via email at shelly@pharmacyhit.org