

The P² Collaborative of WNY, Inc is a non-profit corporation. Membership is open to any healthcare provider, health plan, employer, community based organization including governmental agencies and educational institutions, individuals, and philanthropic organizations. Applicants are accepted for membership upon submission and acceptance of this application by the P² Collaborative of WNY, Inc and payment of annual dues.

Applicant's Name (Organization or Individual) _____

Website Address _____

Principal Representative _____

Position/Title _____

Phone _____

Fax _____

Email _____

Alternative Representative _____

Position/Title _____

Phone _____

Fax _____

Email _____

Membership Category (see below) _____

Annual Dues _____ Month of Membership _____

Please check one:

Payment Enclosed Bill Me Charge my VISA MasterCard

Name on Card (if paying by credit card): _____

Credit Card Number: _____

Signature: _____

The membership categories are described below (please circle the membership category that applies):

Health Systems/Hospitals

Staffed beds > 500 \$7,500
 Staffed beds >250 – 500 \$5,000
 Staffed beds >100 – 250 \$2,500
 Staffed beds < 100 \$1,500

Health Plans

Plans (for profit) \$50,000
 Plans (not for profit) \$30,000
 Founding Plans \$30,000

Medical, Dental & Other Healthcare Practices

Revenues > \$5M \$2,500
 Revenues between \$2M - \$4.9M \$1,750
 Revenues between \$500,000 - \$1.9M \$500
 Revenues < \$500,000 \$350

For-profit Employers

Revenues > \$5M \$5,000
 Revenues between \$2M - \$4.9M \$3,500
 Revenues between \$500,000 - \$1.9M \$1,000
 Revenues < \$500,000 \$350

Community Based Organizations (not for profit)

Revenues > \$5M \$1,750
 Revenues between \$2M - \$4.9M \$1,250
 Revenues between \$500,000 - \$1.9M \$500
 Revenues < \$500,000 \$350

Individuals

\$50

Students

\$25

Philanthropies

Whatever they wish to contribute