



**HOUSTON BUSINESS GROUP ON HEALTH**

27 Years of Service to the Employer Community

**\*\*ASSOCIATE\*\***

**2010 MEMBERSHIP & RENEWAL APPLICATION**

The Houston Business Group on Health (HBGH) is anticipating a very productive year during 2010. With your assistance, we hope to meet or exceed many of our goals. HBGH goals were created to facilitate and coordinate the efforts of all parties concerned with providing affordable quality health care. Success depends on your participation. **Associate member dues are \$1,000.00 annually.**

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Company Delegate(s): *(List the individual(s) who will be your company's primary representative.)*

	Last Name	First Name	Business Phone	Fax	Email
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____

Chairman/CEO: \_\_\_\_\_ Corporate Web Site \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Number of Employees in Houston Area: \_\_\_\_\_

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***Please provide information about your company, as requested below. Your responses will help ensure that our programs and activities meet your company's needs.***

What are your primary reasons for joining HBGH? *(Check as many as apply.)*

- Networking opportunities   
 Legislative Education   
 Health care purchasing  
 Educational programs   
 Provider, payer benchmarking   
 Other \_\_\_\_\_

Type of Business \_\_\_\_\_

Please Describe your health related services: \_\_\_\_\_

Topics you would like considered during 2010. 1. \_\_\_\_\_ 2. \_\_\_\_\_

Would your company consider sponsoring an HBGH luncheon? Yes \_\_\_\_\_ No \_\_\_\_\_

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Signature of Primary Representative: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Would you like to be a candidate for the HBGH Associate Member Advisory Board? \_\_\_\_\_

Make your check payable to the **Houston Business Group on Health (HBGH), PO Box 59, Bellaire, TX 77402.**

*HBGH is a 501© (3) organization  
Tax ID#76-0058682*

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