



215 S. Wadsworth Blvd, Suite 250  
Lakewood, CO 80226  
Phone: 303-922-0939  
Fax: 303-922-0938

## Affiliate Membership Application

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

### **Organization Representatives**

Primary Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### **Organization Information (please state briefly the business function of your organization)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of employees: \_\_\_\_\_

### **Affiliate Membership**

CBGH Affiliate membership is for 12 months, January 1 through December 31.

**Yes!** My organization wants to join CBGH as an Affiliate Member. We are enclosing a check.

- For-profit organizations
  - Platinum \$15,000.00
  - Gold \$10,000.00
  - Affiliate \$5,000.00

- Non-profit organizations

<u>Revenue/year</u>	<u>Fee schedule</u>
\$ up to 10 million	\$1,000
\$ 10 to 100 million	\$2,000
\$ greater than 100 million	\$3,000

Mail application and check payable to: Colorado Business Group on Health  
215 S. Wadsworth Blvd, Suite 250, Lakewood, CO 80226

**The Colorado Business Group on Health is a 501 (c) (3) organization**  
**Tax identification number is 84-1384777**