



Building a Bridge to Better Health, Better Care and Better Value

Annual Membership Form: January 1, 2021-December 31, 2021

Complete this form to join the KHC. All members must complete a conflict of interest policy annually. The KHC provides recommended giving levels. All members are listed on the KHC letterhead and website. Members should submit their approved logo with any specifications required for publication to edivino@khcollaborative.org.

Major:	\$15,000	All
Platinum:	\$10,000	Health Plans & Health Systems
Gold:	\$5,000	Employer/Trust Funds Over 5,000 employees
Silver:	\$1,000-\$4,999	Employers/Trust Funds 500-4,999 employees, Pharmacy, Managed Medicaid, Non-Profits, & Consultants
Bronze:	\$250-\$999	Employers/Trust Funds Under 500 employees and Individuals
Member:	\$0	Government

Please fill in the dollar amount of your contribution: \$ _____

Name: _____ Title: _____

Signature: _____

Business or Organization: _____

Phone: _____ Fax: _____

Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

*Voting Member Name: _____ Title: _____

Voting Member Email: _____

*Alt. Voting Member Name: _____ Title: _____

Alt. Voting Member Email: _____

Please fill out and sign Conflict of Interest Disclosure below.

Please make checks payable to the **Kentuckiana Health Collaborative** for your tax deductible donation (Federal Tax ID: 45-0700087). Please submit your form via email or mail to Bonnie Johnson at finance@khcollaborative.org.