



2024 Annual Membership Form

Complete to join the KHC or renew your benefits. All member organizations are listed on KHC letterhead and website. Members should submit their approved logo with any specifications required for publication to info@KHCollaborative.org. Each voting and alternate member needs to have a completed Conflict of Interest Form on file. You can access the COI [here](#).

KHC Membership Dues Structure

	# of Employees	Annual Dues Amount
Healthcare Purchaser/Employer Members	<500	\$375
	500 - 1,999	\$750
	2,000 - 4,999	\$1,875
	≥5,000	\$3,750
Plans, Health Systems, and Hospitals	Any	\$10,000
Pharmaceutical	Any	\$5,000
Healthcare Point Solutions	Any	\$5,000
Consultants	Any	\$5,000
Regional/Local Healthcare Broker Consultants	<500	\$1,000
	≥500	\$2,500
Health Services Providers, Managed Medicaid, etc.	<500	\$1,000
	≥500	\$2,500
Government, Public Health Partners, and Non-Profit Friends Representing the Community	<500	\$250
	≥500	\$500

Organization Information

Organization Type:

Please fill in the dues amount based on the table above: \$

Business or Organization:

Phone:

Address:

Contact for Renewal:

Renewal Contact Email Address:

Organization Representative(s) Information

Voting Member Name: Title:

Voting Member Email:

Alternate Member Name: Title:

Alternate Member Email:

Please indicate in an email to info@khcollaborative.org any additional individuals who you wish to be included on KHC member communication and events. Only voting and alternate members need to complete a COI.

You can pay with Credit Card or eCheck [online](#) or with the link included in your Membership Renewal Invoice. Please submit your membership and disclosure forms via email to info@KHCollaborative.org.