



2006 MEMBERSHIP DUES

Membership Categories

Corporations (by previous fiscal year revenues)

- | | |
|---|----------|
| <input type="checkbox"/> \$100,000,001 or greater | \$10,000 |
| <input type="checkbox"/> \$10,000,001 - \$100,000,000 | \$5,000 |
| <input type="checkbox"/> \$5,000,001 - \$10,000,000 | \$2,500 |
| <input type="checkbox"/> \$1,000,001 - \$5,000,000 | \$1,250 |
| <input type="checkbox"/> \$0 - \$1,000,000 | \$600 |

Health Plans (by previous year enrollment figures)

- | | |
|--|---------|
| <input type="checkbox"/> 500,000 participants or greater | \$5,000 |
| <input type="checkbox"/> 100,000 - 499,999 participants | \$3,000 |
| <input type="checkbox"/> 99,999 or fewer participants | \$1,250 |

Hospitals

- | | |
|--|---------|
| <input type="checkbox"/> 301 beds or greater | \$2,500 |
| <input type="checkbox"/> 100 - 300 beds | \$1,250 |
| <input type="checkbox"/> 99 beds or less | \$500 |

Method of Payment

- Check or Money Order (made payable to FHCQ)
- VISA
- MasterCard
- American Express

Credit Card #: _____

Expiration Date: _____

Signature: _____

Name on card: _____

Group Practices

- | | |
|---|---------|
| <input type="checkbox"/> 50 physicians or greater | \$1,250 |
| <input type="checkbox"/> 15 - 49 physicians | \$700 |
| <input type="checkbox"/> 14 physicians or less | \$350 |

Management Services Organizations

- | | |
|---|---------|
| <input type="checkbox"/> PHOs, MSOs, IPAs, etc. | \$1,250 |
|---|---------|

Non-Profit/Government Agencies (by current year budget)

- | | |
|---|---------|
| <input type="checkbox"/> \$1,000,001 or greater | \$1,000 |
| <input type="checkbox"/> \$0 - \$1,000,000 | \$500 |

Not affiliated with a Member Organization

- | | |
|--|-------|
| <input type="checkbox"/> Individual Membership, Donation, etc. | \$150 |
|--|-------|

Contact Information

Name: _____

Title: _____

Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Please mail to:

CHITA Membership
 Foundation for Health Care Quality
 705 Second Avenue, Suite 703
 Seattle, WA 98104

Or fax to:

(206) 682-3739