



Membership Application

Date: _____

Member Information

Organization Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Type of Industry: _____ Total Active US Workforce: _____

Primary Contact: _____ Title: _____

Email: _____ Phone: _____

Secondary Contact: _____ Title: _____

Email: _____ Phone: _____

Please send the names and contact information of additional staff that should receive communications on MSBGH programs and activities – either attach to this application or email to mharber@msbgh.org.

Membership Categories and Annual Dues			
(check one of the two member categories indicated below)			
Member Type	Description	Annual Dues	
Purchaser	Any purchaser organization represented by individuals responsible for human resources, health benefits and employee health management activities for its covered population. Purchaser members cannot be in the benefits or health industry.	Employee Population	Annual Amount
		Under 50	\$250
		50 – 249	\$500
		250-999	\$750
		Over 1000	\$1,000
Industry	An organization that provides medical products, health services or consulting to organizations that offers health benefits to covered populations. <u>Industry applicants require approval by the MSBGH Board of Directors.</u>	Membership Levels	Annual Amount
		Level I (General Member Benefits)	\$1,500
		Level II (General Member Benefits plus access to special events and select board meetings)	\$2,500
		Level III (Level II Benefits plus general sponsorship of all events except the Summit)	\$5,000

For more information on MSBGH Member Benefits, go to www.msbgh.org/membership

To pay by check: Send application and check, payable to MSBGH, to address below.

To pay by credit card visit the website.

For further questions contact: Murray L. Harber, Executive Director, 601-540-8699, mharber@msbgh.org