

## MEMBERSHIP APPLICATION

Organization:		
Primary Contact (Name and Title):		
Mailing Address:		
City:	State:	Zip:
Physical Address (if different):		
Phone:	Cell Phone:	Fax:
Email:	Website:	
Secondary Contact (CEO or CFO- Name and Title): REQUIRED		
SC Phone:	SC Email:	
<b>Employee Information</b>	<b>Broker Information</b>	
# of employees enrolled in health plan:	Name:	
# of covered lives in health plan:	Agency:	
	Phone:	

### Confidentiality Agreement

The party below agrees that any information concerning HealthCare 21 Business Coalition (HC21) or information concerning its member organizations, its contracts, or any other aspect of its business (which is not public knowledge), shall be held in strict confidence and not used by the party or disclosed by the party to any person or organization other than the party's employees/agents without the prior written consent of HC21's President/CEO.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If any questions please contact us at 865-292-2121

### Permission to Use Link on HC21 Website (optional)

I, \_\_\_\_\_, as a representative of \_\_\_\_\_ (organization) certify and grant permission to HC21 for the use of our name and web site address as a hyperlink on the HC21 website. This link is for informational purposes only, and not for advertisement or profitable marketing.

Organization Web Address: \_\_\_\_\_