

**Membership Agreement  
Of the  
National Labor Alliance of Health Care Coalitions, Inc.**

Recognizing the goal of the National Labor Alliance of Health Care Coalitions, Inc. as that of uniting all Coalitions and Alliances throughout the United States for the purpose of;

1. Developing a cost containing efficient Health Care system for all the member Coalitions and Alliances of which it is comprised and;
2. The objective of the National Labor Alliance of Health Care Coalitions, Inc. shall be to provide the eligible participants of all member Coalitions and Alliances a quantity based health care network through containment of health care costs and;
3. To obtain these goals through negotiation with medical providers, to achieve the most appropriate and highest quality healthcare available.

Is your Coalition or Alliance incorporated under the Internal Revenue Codes ( ) Yes ( ) No?

If Yes, please identify the section under which organized \_\_\_\_\_

**Membership Fee \$500.00**

The undersigned hereby applies for membership in the;

**National Labor Alliance of Health Care Coalitions**

Effective upon acceptance the; \_\_\_\_\_  
Coalition / Alliance agrees to become a participating member of the National Labor Alliance of Health Care Coalitions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

Telephone No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Fax No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Number of Member Funds in your Coalition or Alliance \_\_\_\_\_

Number of Active Participants \_\_\_\_\_, Number of Retired Participants \_\_\_\_\_

**NOTE: A list of all member funds MUST accompany this application for membership.**

The Authorized voting director of the \_\_\_\_\_

Coalition shall be: \_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Signature

Alternate shall be: \_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Signature

Approval Date: \_\_\_\_\_ By: \_\_\_\_\_  
NLAHCC President