

**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