



2017 Associate Member Application

SHIEC Associate Members have an ongoing need to work with community/regional/state HIEs but are *not* multi-stakeholder HIEs themselves. Associate Members want to collaborate with other Associate Members and with HIE Members to increase the value they deliver to their stakeholders by sharing best practices and industry advocacy efforts.

Associate Member Eligibility Requirements:

- Organizational mission is supportive of the mission of SHIEC HIE members.
- Legal business or governmental entity that has an HIE regulatory, coordination, or standards development role *OR* single entity (private) HIE.
- Website describing key stakeholders, mission, governance and services provided
- Be current on annual subscription fees

Application Instructions:

1. Complete this application including contact information for your intended senior leadership contact with SHIEC and your website URL.
2. A brief description of your organization with this application will be circulated to the SHIEC Board.
3. The SHIEC Board will review your application and determine your eligibility to join.
4. You will be notified of the Board's decision or contacted for additional information if necessary.

Name of Organization			
Main Office Address	City, ST, Zip	Main Office Phone Number	
Senior Leadership Contact	Name	Phone	
	Title	Email	
Person Completing this Form (if different form above)	Name	Phone	
	Title	Email	
Website Address			
Organization Type	Non-Governmental: <input type="checkbox"/> Integrated Delivery Network HIE <input type="checkbox"/> Other _____		
	Governmental: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Are you a State Designated Entity?		
Stakeholders Represented on Your Board	<input type="checkbox"/> Hospitals/Health Systems	<input type="checkbox"/> Consumers/Patients	<input type="checkbox"/> Governmental
	<input type="checkbox"/> Physicians/Other Providers	<input type="checkbox"/> Public Health	<input type="checkbox"/> Community Health Centers
	<input type="checkbox"/> Health Plans/Payers	<input type="checkbox"/> Employers	<input type="checkbox"/> _____
Organization Size	Please describe your organization's key HIE-related activities and service area: (use an additional page if needed)		

SHIEC Associate Member Dues:

Your organization's SHIEC Associate Membership begins when the Board votes to approve your application. You may elect a one year membership (\$6,000) or two years (\$11,000) with payment due when you are notified that your application has been accepted. Member benefits including access to member content and communications begin with receipt of payment. Subsequent dues each year are billed approximately 60 days before your annual renewal date. Membership may be cancelled at any time by providing written notice to SHIEC but dues will not be refunded.

Requested Membership (please check one): 1 Year (\$6,000) 2 year (\$11,000)

Authorized Signature indicates understanding of dues payment

Date

To apply SHIEC for membership, please email your completed application to Kelly Hoover Thompson, Chief Executive Officer: Kelly.Thompson@strategichie.com.