



## EMBC Business Associate Membership Application

Take your organizational visibility beyond one or two sponsorship opportunities by obtaining the year-round benefits available to business associate members. The business associate membership offers organizations that support EMBC's mission a package of benefits and opportunities that enable maximum exposure to our emergency medicine group practice members. EMBC works to promote our business associate members through year-round visibility and recognition.

Any healthcare partner, supplier, or vendor is eligible.\*

Your company will benefit by easily making contact with all EMBC member groups. Your benefits include:

- 10% discount on EMBC sponsorship packages (webinars and in-person receptions)
- Year-long recognition with company logo on the EMBC website, [www.embusinesscoalition.org](http://www.embusinesscoalition.org)
- Waived application fee for endorsed partnership application if an RFP is developed with member's service line
- Attendance to EMBC social events at the member rate
- Ability to use approved EMBC logo to promote company's membership
- Semi-annual EMBC membership list. *Includes contact name, practice name, address and phone number (no emails).*

\*BUSINESS ASSOCIATE MEMBERSHIP ELIGIBILITY: EMBC reserves the right to determine acceptability of applications for membership. Applications will be accepted or rejected based on criteria including, but not limited to the product or service and the professional or educational benefit to the EMBC membership and products or services consistent with the mission, purpose and goals of EMBC.

### \* 1. Business Associate Primary Contact Information

Name	<input type="text"/>
Company	<input type="text"/>
Address	<input type="text"/>
Address 2	<input type="text"/>
City/Town	<input type="text"/>
State/Province	<input type="text" value="-- select state --"/>
ZIP/Postal Code	<input type="text"/>
Country	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

2. Would you like to provide the contact information for additional company representatives?

Yes

No

**\* 3. Additional Business Associate Contact Information**

<b>Name</b>	<input type="text"/>
<b>Company</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>
<b>Address 2</b>	<input type="text"/>
<b>City/Town</b>	<input type="text"/>
<b>State/Province</b>	-- select state -- <input type="text"/>
<b>ZIP/Postal Code</b>	<input type="text"/>
<b>Country</b>	<input type="text"/>
<b>Email Address</b>	<input type="text"/>
<b>Phone Number</b>	<input type="text"/>

**\* 4. Additional Business Associate Contact Information**

<b>Name</b>	<input type="text"/>
<b>Company</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>
<b>Address 2</b>	<input type="text"/>
<b>City/Town</b>	<input type="text"/>
<b>State/Province</b>	-- select state -- <input type="text"/>
<b>ZIP/Postal Code</b>	<input type="text"/>
<b>Country</b>	<input type="text"/>
<b>Email Address</b>	<input type="text"/>
<b>Phone Number</b>	<input type="text"/>

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### 5. Company Website

### \* 6. Please provide a description of your company, products and/or services.

### 7. Please upload your company's logo.

No file chosen

The EMBC Membership Committee will review your application and upon approval an invoice will be sent to the primary contact listed on this application. The Business Associate Membership fee is \$5,000 per company; membership is valid for 12 months after the receipt of payment.