



Annual Membership Form

Complete this form to join the KHC. All assigned voting members must also complete a conflict of interest policy prior to becoming a KHC member. The KHC provides recommended giving levels although it is not a requirement for participation. All Leadership Level members* are listed on the KHC letterhead and website. Leadership Level members should submit their approved logo with any specifications required for publication to tcouts@ford.com.

*Major:	\$20,000 and up	All
*Platinum:	\$10,000-\$19,999	Health Plans & Health Systems
*Gold:	\$5,000-\$9,999	Employer/Trust Funds Over 5,000 employees
*Silver:	\$1,000-\$4,999	Pharmacy, Managed Medicaid, Non-Profits, Consultants, & Employers/Trust Funds 500-4,999 employees
*Bronze:	\$250-\$999	Employers/Trust Funds Under 500 employees
Member:	\$0	Non-Leadership Level Member, Government

Please fill in the dollar amount of your contribution: \$ _____

Name: _____ Title: _____

Signature: _____

Business or Organization: _____

Phone: () _____ Fax: () _____

Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

*Voting Member Name: _____ Title: _____

*Alt. Voting Member Name: _____ Title: _____

Please fill out and sign Conflict of Interest Disclosure.

Please make checks payable to the **Kentuckiana Health Collaborative** for your tax deductible donation (Federal Tax ID: 45-0700087). Please submit your form via email, mail, and/or fax to Teresa Coutts at tcouts@ford.com.