

**Employers Coalition
for Healthcare Options**



"a name worth repeating"

Membership Application

Complete all areas applicable:

Name of organization or individual applying for membership: _____

Mailing Address: _____

Street Address (if different): _____

Corporate Headquarters (City & State only): _____

Total # Employees in Alabama: _____ **Total # Employees Nationwide:** _____

Please list below geographic locations outside of Alabama (City & State Only):

Please describe applicant's nature of business: _____

Type of membership eligible for: ____ Purchaser Member ____ Healthcare Member ____ Individual Member
(Please see Membership Classifications & Eligibility Requirements)

Each entity admitted as a Member of the ECHO must designate below and authorize one (1) representative to vote on behalf of such entity in all matters subject to a vote pursuant to the Bylaws of the organization.

Authorized Person's Name & Title: _____

Authorized Person's Contact Information: Phone: _____ **Email:** _____