



**North Carolina Alliance of Healthy Communities (NCAHC)
2014 Application**

Membership Categories (Please select one option)

Corporate Member

\$700.00

Entitles two (2) individuals from the corporation wishing to belong to NCAHC the ability to attend membership meetings, the annual conference and voting rights on NCAHC business matters. Additional members of the corporation can be added at a cost of \$350.00.

It also requires each member of the corporation participating to contribute at least 15 hours each of voluntary service to the organization over 12 months.

Individual Member

\$350.00

Entitles any individual wishing to belong to NCAHC the ability to attend membership meetings, the annual conference and voting rights on NCAHC business matters. It also requires that individual to contribute at least 15 hours of voluntary service to the organization over 12 months.

Government/Tax Exempt Member

\$250.00

Entitles any Federal or State government run organization or Non-Profit corporation to have up to two (2) individuals attend membership meetings and the annual conference and voting rights on NCAHC business matters. It also requires that individual to contribute at least 15 hours each of voluntary service to the organization over 12 months.

All membership categories will be in effective from January 1, 2014 through December 31, 2014. NCAHC also offers a number of sponsorship opportunities, Tax-deductible gift and/or matching gift donations to our Initiatives Fund.

Sponsorship Categories (These are additional opportunities for you to participate in NCAHC's success).

Corporate Sponsor \$800.00

Corporations wishing to provide visible signs of support for the organization can do so with a corporate sponsorship. This program entitles the corporation to receive logo recognition during the NCAHC Annual conference and have a display table for their company at the organization's annual conference. Additionally, the corporation will be recognized as a sponsor of NCAHC at any public events NCAHC may sponsor.

Industry Supplier \$1,500.00

This category recognizes companies whose business goals and objectives are to put their products, services or research in front of NCAHC members. This category would allow the company to (2) complimentary registrations and a display/exhibit space at the NCAHC Annual conference. Industry suppliers would be recognized in all NCAHC publications for 12 months. An additional benefit would allow industry sponsors to email NCAHC members 4 times over 12 months.

Benefits of Sponsorship

- Promotion, sponsorship and dissemination of healthcare information to providers and members of healthcare information
- Collaboration through and with various healthcare initiatives within North Carolina
- Involvement in local seminars and events that provide educational information to consumers
- As an industry sponsor, your company would have an opportunity to network with key thought leaders in medication adherence in the state of North Carolina.

Tax Deductible Gift/Matching Gift Contribution

Tax Deductible Gift In the amount of \$_____

I believe in the work your organization is doing and would like to make a tax-deductible gift to the NCAHC Initiatives Fund.

Matching Gift Contribution

The company I work for will match my cash contribution or provide a donation for my volunteer hours. Please contact me to discuss the details of this contribution.

NACHC is recognized as a 501c3 Tax-Exempt Non-Profit by the IRS. Our Tax ID is: 56-2242737.

**Summary of Commitment & Invoice
Effective 01/01/14 through 12/31/14)**

Please complete this summary document		
Membership Category	Names of Members	Amount Due
	#2: Others:	
	Total	
Sponsorship Category	Name of Company	Amount Due
	Total:	
Tax Deductible Gift	Name Recognized on Gift	Amount

Method of Payment: Check Via PayPal with credit card

Signature: _____

Name of Corporation or Individual joining NCAHC: _____

Address: _____ City: _____ Zip Code: _____

Phone: _____ Mobile Phone: _____ Email Address: _____

If you have selected a Corporation, Government or Non-Profit membership category, please provide the following information for each additional member.

Name #2: _____

Address: _____ City: _____ Zip Code: _____

Phone: _____ Mobile Phone: _____ Email Address: _____

Name #3: _____

Address: _____ City: _____ Zip Code: _____

Phone: _____ Mobile Phone: _____ Email Address: _____

Name #4: _____

Address: _____ City: _____ Zip Code: _____

Phone: _____ Mobile Phone: _____ Email Address: _____

For more information, please contact our office at (336) 791-0845 or email us at info@ncahc.org