

PARTNER/SUPPORTING MEMBER APPLICATION



To become a Medicaid Health Plan of America Partner or Supporting Member, complete this form and return with payment to: MHPA, 1150 18th Street, NW, Suite 1010, Washington, DC 20036; or fax to (202) 857-5731 (credit card payments only). Questions or need assistance? Contact MHPA at (202) 857-5720; info@mhpa.org.

Partner, Supporting and Individual Membership Categories

Business Partner **\$35,000**

Sponsorship of MHPA Annual Meeting which includes: Speaking role at event; Five (5) complimentary registrations; Complimentary exhibit booth at tradeshow; Priority distribution of your company's promotional materials; and Opportunity to host private reception during conference. Additional benefits include: Opportunity to present to MHPA Board of Directors (schedule permitting); Opportunity to host two (2) educational webinars; Sponsorship of MHPA's twice-weekly newsletter; Invitation to Annual All-Members Meeting; Involvement in MHPA committees; and Listing on MHPA website.

Corporate Partner **\$25,000**

Sponsorship of MHPA Annual Meeting which includes: Speaking role at event; Three (3) complimentary registrations; Complimentary exhibit booth at tradeshow; Priority distribution of your company's promotional materials; and Recognition on signage. Additional benefits include: Opportunity to host one (1) educational webinar; Sponsorship of MHPA's twice-weekly newsletter; Invitation to Annual All-Members Meeting; Involvement in MHPA committees; and Listing on MHPA website.

**** This Individual membership category is available only to those individuals not working for a Medicaid health plan or a business whose revenue does not exceed \$3 million.**

MHPA Partner **\$20,000**

Sponsorship of MHPA Annual Meeting which includes: Two (2) complimentary registrations; Complimentary exhibit booth at tradeshow; Priority distribution of your company's promotional materials; and Recognition on signage. Additional benefits include: Opportunity to host one (1) educational webinar; Sponsorship of MHPA's twice-weekly newsletter; Invitation to Annual All-Members Meeting; Involvement in MHPA committees; and Listing on MHPA website.

Supporting Member **\$4,000**

One (1) complimentary registration to the MHPA Annual Meeting as well as Priority distribution of your company's promotional materials at the conference. Additional benefits include: Opportunity to host one (1) educational webinar; Discounted pricing for sponsorships; Invitation to Annual All-Members Meeting; Involvement in MHPA committees; and Listing on MHPA website.

Individual Member** **\$270**

Benefits include: Discounted pricing for sponsorships; Opportunity to host one (1) educational webinar; Involvement in MHPA committees; and Listing on MHPA website.

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____

Email: _____ Website: _____

Company Representative

Name: _____ Title: _____

Phone: _____ Fax: _____

Email: _____

Membership Level (please check one):

- Business Partner - \$35,000 Corporate Partner - \$25,000 MHPA Partner - \$20,000
 Supporting Member - \$4,000 Individual Member - \$270

Enclosed is \$ _____ for annual dues.

Method of Payment

Check (Make checks payable to "Medicaid Health Plans of America")

Money Order

Credit Cards (Credit card payments will incur an additional 5% processing fee.) **AMEX** **MasterCard** **Visa**

CC# _____ Exp _____

Cardholder's Name _____

Signature _____