



NQF

NATIONAL QUALITY FORUM

Membership Application

About NQF

The National Quality Forum (NQF) operates under a three-part mission to improve the quality of American healthcare by:

- Building consensus on national priorities and goals for performance improvement and working in partnership to achieve them;
- Endorsing national consensus standards for measuring and publicly reporting on performance; and
- Promoting the attainment of national goals through education and outreach programs.

NQF's membership includes a wide variety of healthcare stakeholders, including consumer organizations, public and private purchasers, physicians, nurses, hospitals, accrediting and certifying bodies, supporting industries, and healthcare research and quality improvement organizations. The breadth and diversity of its membership allows NQF to be well positioned to maintain a constant drumbeat for healthcare quality. NQF's unique structure enables private- and public-sector stakeholders to work together to craft and implement cross-cutting solutions to drive continuous quality improvement in the American healthcare system.

Membership Approval Process

Please take a moment to complete the organizational membership application. Once you have submitted your application, NQF will review for approval. Upon approval, you will be assigned to one of NQF's eight Member Councils: Consumer, Health Plan, Provider Organization, Public/Community Health Agency, Purchaser, Quality Measurement Research and Improvement, Supplier and Industry, and Health Professionals. You will be notified of your approval by e-mail and will be sent an invoice for your dues.

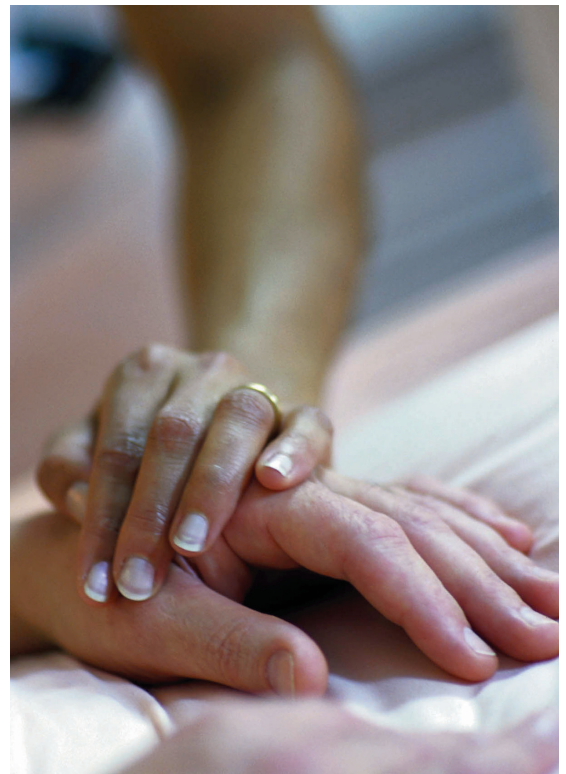
Guide to NQF Member Contact Types

President/CEO/Executive Contact—Senior executives of member organizations will be invited to attend leadership programs. Please note, the President/CEO or senior executive contact may be the same individual designated as the primary member contact.

NQF Primary Member Contact—Your organization's main contact, who has expertise and/or specializes in healthcare quality and/or patient safety. This contact retains voting rights on behalf of your organization.

Secondary Member Contact—Generally serves as a back-up to the NQF Primary Member Contact but does not receive official consensus documents from NQF.

Member Billing Contact—The individual who receives and processes your organization's membership dues payments to NQF.





NATIONAL QUALITY FORUM

Organizational Membership Application

CONTACT INFORMATION

Organization _____

Address _____

City, State, Zip _____

Phone _____ Fax _____ Website _____

President/CEO/Senior Executive Contact _____ Title _____

Phone _____ Fax _____ E-mail _____

NQF Member Contact (Primary; if different from above) _____ Title _____

Phone _____ Fax _____ E-mail _____

NQF Member Contact (Secondary) _____ Title _____

Phone _____ Fax _____ E-mail _____

NQF Member Billing Contact _____ Title _____

Phone _____ Fax _____ E-mail _____

Please provide a brief description of your organization and areas of expertise.

Primary interest in healthcare quality and motivation for applying for membership:

How did you hear about NQF?

We are joining NQF to (check all that apply):

- Become involved on steering committees, expert panels, and workgroups
- Network and for Council interaction
- Vote on consensus development projects
- Stay at the forefront of activities in the quality landscape
- Other: _____

MEMBERSHIP DUES

1) Please enter in the space below your organization's operating expenses:

\$ _____ Annual operating expenses OR if local, state, or federal non-payer government entity, report total population

2) Please review the table for your appropriate member dues category:

\$ _____ Fill in your estimated dues amount based on the table on the back of this form.

*Please complete and return this page along with supporting financial documentation; final dues amount will be determined after complete review of application.

Dues Table

Please complete this form and send along with a copy of your annual report and supporting financial documentation (e.g., Audited Financial Statement, Public 990, SEC Filing) to:

NQF/Attn: Membership
1030 15th Street, NW
Suite 800
Washington, DC 20005
Phone (202) 783-1300
Fax (202) 783-3434
E-mail members@qualityforum.org

CATEGORY

ANNUAL OPERATING EXPENSES DUES

1A: PRIMARY DUES TABLE

- Quality Improvement organizations, professional certification boards, & other quality oversight organizations
- Membership associations/coalitions of provider organizations, health plans, & suppliers/industry
- Community-based organizations

<\$0.5 million	\$1,050	<input type="checkbox"/>
\$0.5–\$2.49 million	\$2,625	<input type="checkbox"/>
\$2.5–\$4.9 million	\$5,250	<input type="checkbox"/>
\$5–\$7.49 million	\$12,100	<input type="checkbox"/>
\$7.5–\$9.9 million	\$15,750	<input type="checkbox"/>
\$10–\$14.9 million	\$17,500	<input type="checkbox"/>
\$15–\$24.9 million	\$19,700	<input type="checkbox"/>
\$25–\$49.9 million	\$22,000	<input type="checkbox"/>
\$50–\$99.9 million	\$26,200	<input type="checkbox"/>
\$100–\$299 million	\$28,350	<input type="checkbox"/>
>\$300 million	\$31,500	<input type="checkbox"/>

1B: PRIMARY DUES TABLE—MODIFIED

- Health professional organizations (e.g., state medical societies, specialty and subspecialty societies, etc.)
- Private purchasers, such as purchasing/business coalitions

<\$0.5 million	\$250	<input type="checkbox"/>
\$0.5–\$2.49 million	\$500	<input type="checkbox"/>
\$2.5–\$4.9 million	\$1,050	<input type="checkbox"/>
\$5–\$7.49 million	\$5,250	<input type="checkbox"/>
\$7.5–\$9.9 million	\$7,500	<input type="checkbox"/>
\$10–\$14.9 million	\$10,500	<input type="checkbox"/>
\$15–\$24.9 million	\$17,000	<input type="checkbox"/>
\$25–\$49.9 million	\$22,000	<input type="checkbox"/>
\$50–\$99.9 million	\$26,200	<input type="checkbox"/>
\$100–\$299 million	\$28,350	<input type="checkbox"/>
>\$300 million	\$31,500	<input type="checkbox"/>

1C: PRIMARY DUES TABLE—MODIFIED FOR KEY GAP AREAS

- Consumer organizations
- Public purchasers such as state Medicaid programs

<\$0.5 million	\$100	<input type="checkbox"/>
\$0.5–\$2.49 million	\$250	<input type="checkbox"/>
\$2.5–\$4.9 million	\$500	<input type="checkbox"/>
\$5–\$7.49 million	\$750	<input type="checkbox"/>
\$7.5–\$9.9 million	\$1,250	<input type="checkbox"/>
\$10–\$14.9 million	\$1,750	<input type="checkbox"/>
\$15–\$24.9 million	\$2,500	<input type="checkbox"/>
\$25–\$49.9 million	\$5,000	<input type="checkbox"/>
\$50–\$99.9 million	\$7,500	<input type="checkbox"/>
\$100–\$299 million	\$10,000	<input type="checkbox"/>
>\$300 million	\$12,500	<input type="checkbox"/>

2A: LARGE ORGANIZATIONS DUES TABLE

- Provider organizations
- Health plans
- Suppliers/industry

<\$500 million	\$5,250	<input type="checkbox"/>
\$500–\$999 million	\$10,500	<input type="checkbox"/>
\$1–\$1.9 billion	\$19,700	<input type="checkbox"/>
\$2–\$4.9 billion	\$26,250	<input type="checkbox"/>
\$5–\$9.9 billion	\$31,500	<input type="checkbox"/>
\$10–\$19.9 billion	\$36,750	<input type="checkbox"/>
>\$20 billion	\$39,400	<input type="checkbox"/>

2B: LARGE ORGANIZATIONS DUES TABLE—MODIFIED

- Large employers for whom healthcare is not the primary line of business

<\$500 million	\$2,625	<input type="checkbox"/>
\$500–\$999 million	\$5,250	<input type="checkbox"/>
\$1–\$1.9 billion	\$9,850	<input type="checkbox"/>
\$2–\$4.9 billion	\$13,125	<input type="checkbox"/>
\$5–\$9.9 billion	\$15,750	<input type="checkbox"/>
\$10–\$19.9 billion	\$18,375	<input type="checkbox"/>
>\$20 billion	\$19,700	<input type="checkbox"/>

3: NON-PAYER GOVERNMENT DUES TABLE

- Local, state, and federal non-payer government entities (e.g., state and local health departments, etc.)

Population Size		
<1 million	\$500	<input type="checkbox"/>
1–2.49 million	\$1,050	<input type="checkbox"/>
2.5–4.9 million	\$2,625	<input type="checkbox"/>
5–9.9 million	\$5,250	<input type="checkbox"/>
10–19.9 million	\$7,500	<input type="checkbox"/>
20–49.9 million	\$10,500	<input type="checkbox"/>
50–99.9 million	\$15,750	<input type="checkbox"/>
≥ 100 million	\$19,700	<input type="checkbox"/>