

# NQF

THE NATIONAL QUALITY FORUM

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## Organizational Membership Application

Complete all sections and fax this form to 202.783.3434

### CONTACT INFORMATION

Organization \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Primary Contact \_\_\_\_\_

Phone \_\_\_\_\_

Fax and E-mail \_\_\_\_\_

Secondary Contact \_\_\_\_\_

Phone \_\_\_\_\_

Fax and E-mail \_\_\_\_\_

### OBJECTIVES

Primary interest in healthcare quality and motivation for applying for membership

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PREFERENCE FOR MEMBER COUNCIL

- Consumer Council                       Provider and Health Plan Council                       Purchaser Council  
 Research and Quality Improvement Council                       Undecided

### MEMBERSHIP DUES

- 1) Please enter in the space below your organization's operating budget:  
\$ \_\_\_\_\_ Annual operating budget OR If local, state, or federal entity, report total population \_\_\_\_\_
- 2) Please review the table and check the appropriate member dues category  
\$ \_\_\_\_\_ Fill in your estimated dues amount based on the table on the back of this form. **\*Do not include payment with this application.**

Your application for membership will be forwarded to the NQF Governance Committee, which will notify you of its action and send you an invoice for your dues.

Please complete this form and send along with a copy of your annual report to:

National Quality Forum / Attn: Membership  
601 Thirteenth Street, NW - 500 North  
Washington, DC 20005  
Ph 202.783.1300 Fax 202.783.3434

# DUES TABLE

Please take a moment and complete an application for NQF membership.

CATEGORY	ANNUAL OPERATING BUDGET	DUES	✓
<b>Consumer Organization</b>	<\$500,000	\$1,050	<input type="checkbox"/>
	\$500,000 - \$2,499,999	\$2,625	<input type="checkbox"/>
	\$2,500,000 - \$4,999,999	\$5,250	<input type="checkbox"/>
	\$5,000,000 - \$9,999,999	\$10,500	<input type="checkbox"/>
	>\$10,000,000	\$15,750	<input type="checkbox"/>
<b>Research and Quality Improvement Organization</b>	<\$500,000	\$1,050	<input type="checkbox"/>
	\$500,000 - \$2,499,999	\$2,625	<input type="checkbox"/>
	\$2,500,000 - \$4,999,999	\$5,250	<input type="checkbox"/>
	\$5,000,000 - \$9,999,999	\$10,500	<input type="checkbox"/>
	>\$10,000,000	\$15,750	<input type="checkbox"/>
<b>Association / Coalition</b>	<\$500,000	\$1,050	<input type="checkbox"/>
	\$500,000 - \$2,499,999	\$2,625	<input type="checkbox"/>
	\$2,500,000 - \$4,999,999	\$5,250	<input type="checkbox"/>
	\$5,000,000 - \$9,999,999	\$10,500	<input type="checkbox"/>
	>\$10,000,000	\$15,750	<input type="checkbox"/>
<b>Corporation / Employer / Purchaser</b>	< \$500 million	\$5,250	<input type="checkbox"/>
	\$500 - \$999 million	\$7,875	<input type="checkbox"/>
	\$1 billion - \$1.9 billion	\$15,750	<input type="checkbox"/>
	\$2 billion - \$4.9 billion	\$21,000	<input type="checkbox"/>
	>5 billion	\$26,250	<input type="checkbox"/>
<b>Health Plan / Health Care Provider</b>	< \$500 million	\$5,250	<input type="checkbox"/>
	\$500 - \$999 million	\$7,875	<input type="checkbox"/>
	\$1 billion - \$1.9 billion	\$15,750	<input type="checkbox"/>
	\$2 billion - \$4.9 billion	\$21,000	<input type="checkbox"/>
	>5 billion	\$26,250	<input type="checkbox"/>
<b>State or Local Government</b>	< 2.5 million population	\$5,250	<input type="checkbox"/>
	2.5 million – 4.9 million population	\$7,875	<input type="checkbox"/>
	5 million – 7.4 million population	\$10,500	<input type="checkbox"/>
	7.5 – 9.9 million population	\$13,125	<input type="checkbox"/>
	> 10 million population	\$15,750	<input type="checkbox"/>