

## 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 \_\_\_\_\_

Primary interest in healthcare quality and motivation for applying for membership

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

### 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 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. Please complete and return both pages of the application.**

### APPLICATION APPROVAL

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, Health Professional, Provider Organization, Public/Community Health Agency, Purchaser, Quality Measurement Research and Improvement and Supplier and Industry. You will be notified of your approval by email and will be sent an invoice for your dues.

\* Senior executives of member organizations will be invited to attend leadership programs.

NOTE: the president/CEO or senior executive contact may be the same individual designated as the primary member contact.

\*\* NQF Primary Member Contacts are the healthcare and community leaders who have expertise and/or specialize in healthcare quality and/or patient safety.

\*\*\* Secondary Member Contacts generally serve as a back-up to the NQF Primary Member Contact, but do not individually receive official consensus documents and other materials from the NQF.

# DUES TABLE

Please take a moment to complete the application for NQF membership.

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  
601 Thirteenth Street, NW  
Suite 500 North  
Washington, DC 20005  
Phone (202) 783-1300  
Fax (202) 783-3434

CATEGORY	ANNUAL OPERATING EXPENSES	DUES	✓	
<b>1A: Primary Dues Table</b>				
	<\$0.5 million	\$1,050	<input type="checkbox"/>	
• Quality Improvement Organizations, Professional Certification Boards, & other Quality Oversight Organizations	\$0.5 - \$2.49 million	\$2,625	<input type="checkbox"/>	
	\$2.5 - \$4.9 million	\$5,250	<input type="checkbox"/>	
• Membership Associations/Coalitions of Provider Organizations, Health Plans, & Suppliers/Industry	\$5 - \$7.49 million	\$12,100	<input type="checkbox"/>	
	\$7.5 - \$9.9 million	\$15,750	<input type="checkbox"/>	
• Community-based Organizations	\$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"/>	
<b>1B: Primary Dues Table – Modified</b>				
	<\$0.5 million	\$250	<input type="checkbox"/>	
• Health Professional Organizations (e.g., state medical societies, specialty and subspecialty societies, etc.)	\$0.5 - \$2.49 million	\$500	<input type="checkbox"/>	
	\$2.5 - \$4.9 million	\$1,050	<input type="checkbox"/>	
• Purchasers, such as purchasing coalitions and state Medicaid programs	\$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"/>	
<b>1C: Primary Dues Table – Modified Consumer</b>				
	<\$0.5 million	\$100	<input type="checkbox"/>	
• Consumer Organizations	\$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"/>
	<b>2A: Large Organizations Dues Table</b>			
	<\$500 million	\$5,250	<input type="checkbox"/>	
• Provider Organizations	\$500 - \$999 million	\$10,500	<input type="checkbox"/>	
	\$1 - \$1.9 billion	\$19,700	<input type="checkbox"/>	
• Health Plans	\$2 - \$4.9 billion	\$26,250	<input type="checkbox"/>	
	\$5 - \$9.9 billion	\$31,500	<input type="checkbox"/>	
• Suppliers/Industry	\$10 - \$19.9 billion	\$36,750	<input type="checkbox"/>	
	>\$20 billion	\$39,400	<input type="checkbox"/>	
<b>2B: Large Organizations Dues Table – Modified</b>				
	<\$500 million	\$2,625	<input type="checkbox"/>	
• Large Employers for whom healthcare is not the primary line of business	\$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"/>	
<b>3: Non-payer Government Dues Table</b>				
	<b>Population Size</b>			
• Local, State, and Federal non-payer government entities (e.g., state and local health departments, etc.)	<2.5 million	\$1,050	<input type="checkbox"/>	
	2.5 - 4.9 million	\$2,625	<input type="checkbox"/>	
	5 - 7.4 million	\$5,250	<input type="checkbox"/>	
	7.5 - 9.9 million	\$10,500	<input type="checkbox"/>	
	10 - 99.9 million	\$15,750	<input type="checkbox"/>	
	>100 million	\$19,700	<input type="checkbox"/>	