

CITIZENS COALITION FOR RESPONSIBLE HEALTHCARE, INC.

CITIZEN PARTICIPATION APPLICATION

For membership application and/or to volunteer your time and talents to the coalition's activities, please complete this application. To volunteer, please indicate your areas of interest and availability. Make checks payable to **Citizens Coalition for Responsible Healthcare, Inc.** and send with this application, **P.O. Box 1138, Roanoke, VA 24006-1138.**

MEMBERSHIP - CHECK THE BOX THAT APPLIES:

INDIVIDUAL VOTING MEMBERSHIP: Annual dues: \$20.00 "I am a *bona fide* resident of the United States of America, a consumer of healthcare services and am not engaged in providing healthcare services or healthcare insurance."

BUSINESS VOTING MEMBERSHIP: Annual dues: Minimum of \$100.00 and suggested at \$20.00 per employee. "Our business is a *bona fide* United States of America operating company, and is not engaged in providing healthcare services or healthcare insurance."

NON-VOTING, ASSOCIATE MEMBERSHIP: Annual dues: Individual or Consumer Volunteer Only - no dues. Business Dues Minimum of \$100.00 and suggested at \$20.00 per employee. "I am a *bona fide* United States of America resident, or our company is a U.S. company, and I am either a consumer volunteer only or I or we are engaged in either providing healthcare services or healthcare insurance."

DONATIONS: Enclosed please find my donation. "I am not applying for membership in the coalition at this time but wish to support its work."

Information about you or your business: (PLEASE PRINT)

Name: _____ (Individual or company name)

If a business, name of contact: _____

Street Address: _____

City, State and Zip _____

Phone _____ Email _____

VOLUNTEER: To volunteer your time, talents and services, please indicate your areas of interest:

Accounting Advisory Committee Coalition Administration and Office Membership

Medical Advisory Committee Information Technology Committee Fund Raising

Service on Coalition Board of Directors Insurance Advisory Committee _____

OFFICE USE: Initials of Collecting Agent: _____ Sum collected \$ _____ Date _____

RECEIPT

RECEIVED from _____ the sum of \$ _____ for Annual Membership Dues in the **Citizens Coalition for Responsible Healthcare, Inc.** Date: _____

Signature of Collecting Agent

The coalition has not applied for federal income tax exemption and dues are not deductible for income tax purposes as a charitable contribution deduction. Application v2