



Corporate Partner Application Form (Renewable Annually)

Please send completed application with payment to:

• IPHCA •
(Attention: Pete Townes)
1006 E. Washington Street, Suite 200
Indianapolis, IN 46202
(317) 630-0845

www.indianapca.org

We sincerely appreciate your care in completing all forms included in this application.

*IPHCA's Mission is to advocate on behalf of quality health care for everyone in Indiana,
and to support the development of community oriented initiatives that are:*

• *Affordable* • *Available* • *Accessible* • *Appropriate* • *Acceptable*



IPHCA Corporate Partner Application

Thank you for your interest in the Indiana Primary Health Care Association.

<u>Contact Name:</u>	
<u>Company & Street Address:</u>	
<u>City /State / Zip:</u>	
<u>Phone:</u>	<u>Fax:</u>
<u>Email:</u>	<u>Web Site:</u>
<u>Webmaster's Email:</u>	

Corporate Partner Levels (Select One)

(NOTE: Benefits at each level are described in the accompanying chart)

- **GOLD Membership @ \$ 5,000 and above (per year)**
- **SILVER Membership @ \$ 3,500 (per year)**
- **BRONZE Membership @ \$ 2,000 (per year)**

Dues Payment Information

- ✓ Corporate Partner dues are assessed annually; IPHCA's Fiscal Year is April 1 – March 31.
- ✓ Annual dues for new Corporate Partners joining after the beginning of any Fiscal Year will be prorated.
- ✓ Invoices for annual dues will be sent prior to the beginning of the Fiscal Year for renewing Partners; invoices for new Partners will be sent immediately following official acceptance of the Corporate Partnership application by the IPHCA Board.

A letter notifying you of the Board's decision on your application will be sent in 6-8 weeks. IPHCA Board review includes an assessment of membership appropriateness based on the applicant's business focus, community image, potential conflicts of interest, and other factors.

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Eligibility for Corporate Partnership

- Any for-profit vendor or potential vendor of Community Health Centers or other “safety net” primary care providers
- Any other companies, organizations, or independent business persons supporting IPHCA’s mission, whose business or organizational interests do not conflict – either in practice or in appearance – with IPHCA’s philosophy, culture, image, funding agency requirements, or purpose of improving health and the provision of primary health care in Indiana

PLEASE NOTE:

- Corporate Partnership does not imply endorsement of the Partner’s organization, products, or public statements by the Board, staff, or membership of IPHCA. Likewise, no differential business advantage with respect to either IPHCA or its organizational members is implied by approval of Corporate Partnership.
- As a condition of Partnership, your organizational contact information may be published in IPHCA’s Membership Directory and on the IPHCA web site. If you wish to list multiple sites or multiple staff / sales persons as contacts, please attach a separate sheet containing this information with your application.
- As part of this relationship, each party agrees to supply the other with (1) a corporate logo, and (2) a link on the corporation’s web site (both subject to any limitations or policy constraints imposed by either party). Additionally, each party will have final approval of any representation of its corporation in the promotional / educational materials of the other party.
- Any pre-existing intellectual property of either party remains the exclusive property of that party. Any new intellectual property resulting from joint projects between the two parties become the joint property of both parties.
- Corporate Partnership may be terminated for cause at any time by IPHCA. In this event, dues already paid will be returned to the former Corporate Partner on a prorated basis.
- As part of the Corporate Partner relationship between your organization and IPHCA, each party agrees not to attempt to hire employees from the other party.

We hereby indicate corporate support for the work of IPHCA and a desire to become a supporting Corporate Partner. If approved, we pledge to maintain appropriate confidentiality of IPHCA information.

Signed: _____ **Title:** _____

Date: _____

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About Your INDIANA PRIMARY HEALTH CARE ASSOCIATION (IPHCA)

IPHCA has a diverse membership that includes individuals, organizations, and Community Health Centers supporting its mission. The Health Centers are committed to providing comprehensive primary care and other health services to underserved urban and rural communities across Indiana. IPHCA fosters prevention-oriented primary care, case management, and referrals reaching over 330,000 clients who would otherwise lack access because of insurance status, income level, geographic isolation, or cultural differences.

What does Corporate Partnership provide for my organization?

- ✓ The opportunity to meet decision-makers from IPHCA's member Health Centers
- ✓ Exposure to many Health Center providers and support staff, as well as community members
- ✓ Outstanding promotional, sponsorship, and other advertising opportunities
- ✓ Consideration for receiving IPHCA's Corporate Partner of the Year Award
- ✓ The chance to display – and be recognized for – your organization's desire to be a good corporate citizen by promoting the welfare of its communities in partnership with successful community-based initiatives

Specific Benefits by Partnership Level

	<i>Booth at IPHCA Annual Conference (does not include electricity or Internet access)</i>	<i>Right of first refusal on all sponsorship opportunities</i>	<i>Personal introduction letter to IPHCA members from IPHCA Executive Director</i>	<i>Company profile and link on IPHCA Website (year-round)</i>	<i>Discounted advertising rates</i>	<i>Membership Directory (inclusion in; updates)</i>	<i>Preferred status on contributing articles to IPHCA's newsletter</i>	<i>Preferred status on speaking opportunities</i>	<i>Board Committee participation, by invitation (non-voting)</i>	<i>Receipt of IPHCA newsletters</i>
Gold	Free	X	X	X	35%	Monthly (Electronic)	X	X	X	X
Silver	50% Discount	X		X	25%	Quarterly (Mailing Labels)	X	X		X
Bronze	20% Discount	X		X	15%	Biannual (Mailing Labels)	X	X		X

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