



PCPI FOUNDATION

Member organization application

Thank you for submitting your membership application to the PCPI.

The annual membership dues are based on:

1. Member category
2. Most recent annual operating expense.

Please provide all information requested below so that PCPI can determine your membership category and accurately calculate your annual member dues.

Following our review, you will receive an invoice to activate your organizations membership. Upon receipt of your membership dues, we will activate your membership and notify all members included in your application of the activation and member benefits available.

Please note that the PCPI membership is run on the calendar year and all renewals are due annually by December 31st.

We look forward to your organization becoming part of the PCPI!

This application consists of three parts:

1. Membership category
2. Key contacts
3. Learning community

Please complete all three parts.

If you have any questions, please contact:

NAME

TELEPHONE

EMAIL

ORGANIZATION NAME

APPLICATION DATE

Membership category

Please check one that best describes your organization:

- Accreditation, certification or licensing for health care professionals or providers
- Accreditation, certification or licensing for physicians*
- Consumer or patient
- Employer
- Government
- Health care professional (excludes physician*)
- Health information technology
- Health plan

- Health system, hospital or group practice
- Pharmacy
- Physician* specialty organization
- Physician* state organization
- Quality improvement
- Other (unsure which applies; more than one category applies)

* A physician representative organization is a society or association in which the majority of its members are Doctors of Medicine and/or Doctors of Osteopathic Medicine.

Annual operating expense (most recent complete budget year):

Fiscal year: January–December July–June Other

Key contacts

Please provide contact information for your organization's staff.

Staff representative

(the staff representative is the key contact person for your organization)

FIRST NAME	M.I.	LAST NAME	DEGREE
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TITLE

ADDRESS

CITY	STATE	ZIP CODE
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EMAIL	TELEPHONE	FAX
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Primary representative

(the primary representative is the person who is empowered to vote on behalf of your organization)

FIRST NAME	M.I.	LAST NAME	DEGREE
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RELATIONSHIP TO PCPI MEMBER ORGANIZATION (E.G., STAFF, MEMBER)

TITLE

EMPLOYER

ADDRESS

CITY	STATE	ZIP CODE
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EMAIL	TELEPHONE	FAX
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Please return completed application to:
PCPI Foundation | 353 N. Clark St. Suite 1400-A, Chicago, IL 60654 | Attn: Bevin Rousopoulos

Key contacts

Please provide contact information for your organization's staff.

Alternative representative

(the alternate representative is empowered to vote if the primary representative is not able to vote)

FIRST NAME M.I. LAST NAME DEGREE

TITLE

ADDRESS

CITY STATE ZIP CODE

EMAIL TELEPHONE FAX

Communication Staff Contact

(the staff representative is the key contact for sharing your organizations news for promotion in our media channels)

FIRST NAME M.I. LAST NAME DEGREE

RELATIONSHIP TO PCPI MEMBER ORGANIZATION (E.G., STAFF, MEMBER)

TITLE

EMPLOYER

ADDRESS

CITY STATE ZIP CODE

EMAIL TELEPHONE FAX

Please return completed application to:
PCPI Foundation | 353 N. Clark St. Suite 1400-A, Chicago, IL 60654 | Attn: Bevin Rousopoulos

Learning community participants

Please list those staff or organizational member(s) that you wish to include in these programs.

LEARNING COMMUNITY	PARTICIPATING STAFF AND/OR MEMBERS
Measurement Science	NAME:
	TITLE:
	EMAIL:
	TELEPHONE:
	NAME:
	TITLE:
	EMAIL:
	TELEPHONE:
	NAME:
	TITLE:
	EMAIL:
	TELEPHONE:
National Quality Registry Network	NAME:
	TITLE:
	EMAIL:
	TELEPHONE:
	NAME:
	TITLE:
	EMAIL:
	TELEPHONE:
	NAME:
	TITLE:
	E-MAIL:
	TELEPHONE:
NAME:	
TITLE:	
EMAIL:	
TELEPHONE:	

Learning community participants

Please list those staff or organizational member(s) that you wish to include in these programs.

LEARNING COMMUNITY	PARTICIPATING STAFF AND/OR MEMBERS
Quality Improvement	NAME: TITLE: EMAIL: TELEPHONE:
	NAME: TITLE: EMAIL: TELEPHONE:
	NAME: TITLE: EMAIL: TELEPHONE:
	NAME: TITLE: EMAIL: TELEPHONE:
	NAME: TITLE: EMAIL: TELEPHONE:
Data Standards	NAME: TITLE: EMAIL: TELEPHONE:
	NAME: TITLE: E-MAIL: TELEPHONE:
	NAME: TITLE: EMAIL: TELEPHONE:
	NAME: TITLE: EMAIL: TELEPHONE:
	NAME: TITLE: EMAIL: TELEPHONE: