



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 runs on the calendar year and all renewals are due annually by December 31st. Remittance information is at the bottom of the page.

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:

June Quercia
NAME
312-224-6082
TELEPHONE
June.Quercia@thepcpi.org
EMAIL

ORGANIZATION NAME

APPLICATION DATE

Membership category

Please check one that best describes your organization:

- Consumer or patient advocacy organization
- Government
- Health care professional association
- Corporation
- Care delivery organization
- Other (unsure which applies; more than one category applies)

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 _____

TITLE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL _____ TELEPHONE _____ FAX _____

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 _____

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: June Quercia

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
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TITLE

ADDRESS

CITY	STATE	ZIP CODE
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EMAIL	TELEPHONE	FAX
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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
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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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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:	

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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:	
Data Standards	NAME:
	TITLE:
	EMAIL:
	TELEPHONE:
	NAME:
	TITLE:
	EMAIL:
	TELEPHONE:
	NAME:
	TITLE:
	E-MAIL:
	TELEPHONE:
NAME:	
TITLE:	
EMAIL:	
TELEPHONE:	

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