

# NCHICA Membership Application

The North Carolina Healthcare Information and Communications Alliance, Inc. ("NCHICA") is a non-profit corporation. Membership is open to any healthcare provider, persons providing services to healthcare providers, governmental entities, educational or scientific research organizations, and other non-governmental entities serving the healthcare industry. Membership, unless otherwise provided by the Board of Directors, will be required for participation in any of the projects sponsored by NCHICA. Applicants are accepted for membership upon submission of this application, payment of the annual dues for the first year of membership, and acceptance of this application by NCHICA. Applicants are subject to the Terms of Membership on the reverse.

Applicant Name \_\_\_\_\_

Website \_\_\_\_\_

## Principal Representative and Voting Delegate

Name \_\_\_\_\_

Position/Title \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

## Alternate Representative and Voting Delegate

Name \_\_\_\_\_

Position/Title \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Membership Category \_\_\_\_\_

Annual Dues \_\_\_\_\_ Month of Membership \_\_\_\_\_

Please check one:  Check enclosed  Bill Me

Charge my:  VISA  MasterCard  American Express

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

## Membership Categories

### Corporate

For-profit corporations, partnerships and other entities. Annual dues are based on annual corporate revenues from healthcare-related business:

- \$10,000 for revenues of \$500 million+
- \$5,000 for revenues of \$25 million - \$499,999,999
- \$1,000 for revenues of \$5 million - \$24,999,999
- \$500 for revenues of \$1 million - \$4,999,999
- \$250 for revenues under \$1 million

### Provider

Enterprises with medically-trained personnel that provide direct medical services and/or managed care services to patients.

- \$5,000 for AMCs and related teaching hospitals and clinics, OR hospitals with 401+ licensed beds, or managed care organizations
- \$1,000 for hospitals with 251-400 licensed beds
- \$500 for hospitals with 100-250 beds
- \$250 for hospitals with fewer than 100 licensed beds

### Medical and Dental Practices

Enterprises with physicians, dentists or other medically trained personnel that provide direct medical services and/or managed care services to patients.

- \$1,000 for professional organization/clinic with more than 25 physicians and/or other providers
- \$500 for practice or clinic with 11-24 physicians and/or other providers
- \$250 for practice or office with 10 or fewer physicians and/or other providers

### Public Agency

Federal, state, city or county agency, or special governmental district (not including Providers as defined above). Annual dues are \$250.

### Nonprofit

Nonprofit professional, charitable, scientific or educational organization that qualifies under Section 501(c) of the Internal Revenue Code (not including Providers as defined above).

- \$1,000 for entities with gross revenues/budgets of \$5 million+
- \$500 for entities with gross revenues/budgets of \$1million - \$4,999,999
- \$250 for entities with gross revenues/budgets of less than \$1 million

### Individual

Individuals who wish to support NCHICA or who wish to be kept directly informed of the Corporation's activities. Individuals in this category are non-voting members.

- \$250 for an individual not employed by an organization eligible for membership in any other category (e.g. retiree not employed)
- \$95 for an individual affiliated with and sponsored by a professional association that is a member of NCHICA

### Student

Full-time student at an accredited institution of higher learning. Individuals in this membership category are non-voting members. Annual dues are \$25.

# NCHICA Membership Application

## Terms of Membership

1. A fundamental purpose of NCHICA is to facilitate the development of a statewide healthcare information network incorporating open architecture, interoperable systems, and reconfigured information systems. Consequently, Applicant agrees to support the following principles:
  - a. to foster interoperability and open-systems architecture
  - b. to work in good faith to integrate existing healthcare information systems
  - c. to provide expert personnel to support the activities of NCHICA in the spirit of collaboration
  - d. to support policies adopted by NCHICA to protect intellectual property
  - e. to encourage a competitive environment for the development of the information, telecommunications, and telemedicine industries in North Carolina consistent with NCHICA's purposes.
2. Applicant understands and agrees that, upon submission of this application, Applicant will become a member of a North Carolina non-profit corporation, and that Applicant will only have the rights and powers granted to members. Applicant will abide to the bylaws and policies as set forth in the North Carolina Non-Profit Corporation Act. Applicant understands that no joint venture, agency, or partnership will be created between Applicant and NCHICA or any of its members.
3. Applicant understands that NCHICA is a publicly supported, tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code. Consequently, NCHICA is subject to all the limitations imposed on such organizations and Applicant understands and agrees that NCHICA must serve public rather than private interests. Applicant understands that NCHICA's policies or operations may need to be modified in the future to comply with Section 501(c)(3). Applicant agrees at all times to support the rules, regulations, and provisions of federal tax law that apply to NCHICA.
4. Applicant understands and agrees that (1) no part of the net income of NCHICA may inure to the benefit of any private person; (2) NCHICA will not, as a substantial part of its activities, carry on propaganda nor otherwise attempt to influence legislation, and will not participate in, nor intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office; and, (3) upon the dissolution of NCHICA, Applicant's membership in NCHICA will terminate and NCHICA's assets will be distributed for one or more exempt purposes within the meaning of Section 501(c)(3), or will be distributed to the federal government, or to a state or local government, for a public purpose.
5. Applicant will abide by the Articles of Incorporation, Bylaws and policies of NCHICA, including, among other things, intellectual property policies and the use of NCHICA's trademarks and logos.
6. Applicant will maintain the confidentiality of restricted technical data and reports received from NCHICA with the same degree of care that it protects its own confidential and proprietary information. If Applicant is a consortium, Applicant will use restricted technical data and reports only within the central facility and will not allow further dissemination without NCHICA's express permission.
7. Applicant agrees that the information provided in this application is true and complete, that Applicant qualifies for a Membership in the category specified, and that this Application has been approved by all necessary organizational actions of the Applicant. Applicant agrees to pay the annual dues associated with the Applicant's Membership category.

For more information on membership, contact Tara Waechter, 919-558-9258 ext. 24, [tara@nchica.org](mailto:tara@nchica.org).

**Return completed form to:**  
**Tara Waechter, NCHICA, POB 13048, Research Triangle Park, NC 27709-3048**  
**FAX: 919-558-2198**