



# Health Care Council of Chicago (HC3) Membership Application

**Membership Duration: 12 Months from Effectuation**

## Primary Contact

Organization Name:	
First Name:	Last Name:
Title:	Email:
Phone Number:	Fax Number:

## Billing Contact

12-month Membership Type:	
First Name:	Last Name:
Title:	Email:
Phone Number:	Fax Number:
Billing Address:	

## Participation Level (select one)\*

- Institutional
- Growth Stage
- Individual

	Institutional	Growth Stage Company	Individual
<b>Overview</b>	<ul style="list-style-type: none"> <li>• Organizations and institutions with annual revenue over \$50M.</li> <li>• Appoint one (1) individual responsible for managing the communication and activities with HC3.</li> <li>• Identify up to nine (9) other individuals to be invited to attend events and will receive correspondence for the HC3.</li> </ul>	<ul style="list-style-type: none"> <li>• Organizations and institutions with annual revenue between \$10M-\$50M.</li> <li>• Appoint one (1) individual responsible for managing the communication and activities with HC3.</li> <li>• Identify up to three (3) other individuals to be invited to attend events and will receive correspondence for the HC3.</li> </ul>	<ul style="list-style-type: none"> <li>• Participating individual should serve a senior role and function in the health care industry.</li> <li>• Individuals should have the capacity to add demonstrable value to the organization by virtue of their current role or business, their system acumen, or other facets of their background.</li> </ul>
<b>Dues</b>	\$10,000 (annual)	\$2,500 (annual)	\$1,000 (annual)

*\*HC3 membership requires approval by HC3 managing staff in order to ensure prospective members are joining at the appropriate membership level.*

**Additional Organizational Contacts (dependent on membership level)**

First Name:	Last Name:
Title:	Email:

First Name:	Last Name:
Title:	Email:

First Name:	Last Name:
Title:	Email:

First Name:	Last Name:
Title:	Email:

First Name:	Last Name:
Title:	Email:

First Name:	Last Name:
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First Name:	Last Name:
Title:	Email:

First Name:	Last Name:
Title:	Email:

First Name:	Last Name:
Title:	Email:

First Name:	Last Name:
Title:	Email:

## **Terms & Conditions**

Membership is on an annual basis, commencing as of the date set forth in each membership application.

## **Ownership & Use of Content**

Member acknowledges that all content is the sole and exclusive property of HC3 and its licensors, who retain all right, title, and interest therein. During the membership term, Member is granted a limited, nonexclusive, nontransferable, non-sublicensable right and license to use, display or print content solely for its internal business purposes. As a material condition of access to the content, the Member agrees not to sell, license, lease, publish, distribute, retransmit, or otherwise provide access to content, in whole or in part, to any third parties, without HC3's prior written consent. HC3 reserves the right to update, modify, and remove content in its sole discretion.

## **Membership List**

The Member agrees that HC3 may publicly identify the Member as a Member on the site and otherwise, provided that HC3 shall not publically identify the Member in such fashion if the Member so requests, in writing.

## **Warranty & Disclosure**

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