Maine Quality Counts
Better Health Care. Better Health.

FY2012 Membership Commitment Form

MEMBER INFORMATION Please check one: ☐ New Member ☐ Renewing Member

Contact Name: Dr. /Mrs. /Ms. /Mr. _____
First MI Last Degree/Suffix

Title: _____ Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: ( ) _____ Fax: ( ) _____

Email: _____ Website Address: _____

Membership Category	**Dues Amount**
Beacon Members ☐ Health Plans ☐ Hospital-based Health Systems ☐ Businesses & corporations with 2500 or more employees	**$6,000**
Large Business Members ☐ Business & corporations with 501-2499 employees	**$2,500**
Healthcare Providers and Medium Sized Business Members ☐ Hospitals ☐ Physician Hospital Organizations ☐ Provider Practices with 25 or more employees ☐ Community Mental Health Centers ☐ Business with 50 – 500 employees	**$1,100**
Association /Small Business /Small Provider Practice Members ☐ Medical Associations ☐ Provider Practices with less than 25 employees ☐ Businesses with fewer than 50 employees	**$ 550**
Education and Society Members ☐ Universities/Colleges or Educational Departments ☐ Medical Societies or Specialty Groups	**$ 275**
Micro-Business or Sole Proprietor Members ☐ Business with 1 - 3 employees	**$ 175**
Individual Members ☐ Individuals (individuals will be listed with no company affiliation)	**$ 110**

PAYMENT INFORMATION:

☐ **Payment Enclosed for Membership Dues** **Amount:** $_____

Please send check payable to Maine Quality Counts, or pay online at www.mainequalitycounts.org by September 30, 2011

☐ **Commitment to Join Maine Quality Counts**- For organizations with a budget cycle beginning Jan 1, 2012, please provide a date for us to invoice you: _____

Mail this form & payment to: Maine Quality Counts, P.O. Box 190, Manchester, ME 04351, or FAX (207) 622-3332