# Plain Community Health Consortium (PCHC) Member Application

# Contact Information Organization Name Street Address City, State, Zip Primary Contact Name Primary Contact Title Primary Contact Phone Primary Contact E-mail

# **Mission Statement**

The consortium will empower member organizations to improve the health of underserved communities through collaborative programs, research, education and resource utilization.

## **Inclusion Criteria**

Membership applicants must meet the following criteria:

- provide clinical care regardless of ability to pay
- practice genomic medicine
- serve primarily Plain/Anabaptist communities
- have non-profit status
- receive support and guidance from the Plain community

For membership applicants, please explain how your organizations meets each of the criteria. Attach additional documentation if appropriate.

Affiliate membership applicants must be involved in the treatment, care or research of Plain community members. For affiliate membership applicants, please explain how your organizations meets these criteria.

# **Benefits of Membership**

Member organizations:

- Administrators invited to the PCHC annual meeting, held at the annual Translational Medicine Conference, the semi-annual meeting and bi-monthly conference calls
- Contribute to web-based case conferences
- Receive updates in collaborative research opportunities
- Consult on planning the annual Translational Medicine Conference
- Participate in cross-clinic development projects
- Organization name and logo listed as member on PCHC website

Affiliate organizations:

- Invited to attend web-based case conferences, with presentations by invitation
- Receive updates in collaborative research opportunities
- Organization name and logo listed as affiliate member on PCHC website
- Recognition at Annual Translational Medicine Conference

### **Annual Dues**

Member organizations: \$500 per year

Affiliate member organizations: \$400 per year

Annual dues are invoiced in January of each year, with a due date of January 31. If a new member joins the association after the Translational Medicine Conference, one-half of the current year's dues shall be payable upon acceptance of the membership. New members will be invoiced after review and acceptance of the application.

#### **Application Process**

Thank you for your interest in joining the PCHC. Please email the completed form to the Consortium President (Sheri Hammond; email: shammond@vmh.org). Your application will be reviewed within 2 weeks of submission.

#### Please note the date the application was submitted.

Date