



Industry Partner Membership Enrollment Form

Industry Partner membership gives your team immediate access to unique benefits including strong member collaboration, shared ideas, vital industry benchmarking, significant industry research, and a unified voice for moving the health care conversation on employee benefits and well-being forward.

Additionally, Industry Partners receive enhanced exposure to our large employer audience via exclusive sponsorship opportunities

Annual Member Fee: \$18,000

Company Information

Company Name:

Company Web Address:

Corporate HQ Address:

City:

State:

Postal Code:

Industry:

No. of U.S. Employees:

No. of Full-Time Employees:

No. of Part-Time Employees:

No. of Non-U.S. Employees:

Top 5 U.S. Locations (City, State):

Top 5 Non-U.S. Locations (City, Country):

How did you hear about us? (Check all that apply)

Business Group Event

News Coverage

Search Engine

Word of Mouth

LinkedIn Post/Group

Other

Twitter Post

Other Social Media

Email

Primary reason for joining?

What are your top 3 health care benefits and well-being initiatives in the next 6-12 months?

Designate a Primary Contact

First Name:

Last Name:

Job Title:

Email:

Additional team members can request access [online](#) and will gain access to member resources once the membership is activated.

Choose Your Payment Method

Invoice me _____.

An invoice will be emailed to the primary contact and information for paying by check or electronic funds transfer will be provided.

Pay by Credit Card _____.

Download the [Credit Card Authorization Form](#) and email back to finance@businessgrouphealth.org or call in your credit card information.

Submit Your Enrollment Form

Please submit your completed enrollment form via email to membership@businessgrouphealth.org.

Please call 202-558-3029 with questions.

Thank you for joining
Business Group on Health!