

## Business Health Care Group (BHCG) Affiliate Membership Application

### Annual Fee – \$3,500

An Affiliate Membership with BHCG is designed for health-aligned organizations that want to elevate their visibility, strengthen partnerships, and play an active role in advancing high-value health care across Wisconsin. As an Affiliate Member, your organization will have multiple ways to engage with our mission, while providing a platform to increase the visibility of your solutions among employer groups, coalitions, and other key purchasers.

### Benefits of an Affiliate Membership

- Visibility on the BHCG website** – Your logo, contact details and organization information will be featured on the BHCG website, making it easy for employers and coalition partners seeking aligned solutions to find and connect with you.
- BHCG newsletter recognition** – Your logo, contact details and organization information will be featured in the quarterly BHCG member newsletter, making it easy for employers and coalition partners to connect with you around aligned solutions.
- Participation in our newsletter's You Asked, An Expert Answered series** – Share your expertise directly with employer groups and elevate your organization's thought leadership position.
- Inclusion in BHCG presentations and marketing communications** – Gain exposure in materials presented to stakeholders, employers, and regional partners throughout the year.
- Invitations to both in-person and virtual events** – Build relationships with employers, industry experts and fellow health-focused organizations at events open to all membership levels.
- Preferred sponsorship opportunities** – Get first access to sponsor BHCG programs and events, putting your brand front and center with key decision-makers.
- Strategic social media features** – Expand your brand awareness through BHCG's social channels.

**Please complete the following information and return to [jamere@bhcgwi.org](mailto:jamere@bhcgwi.org)**

### Contact Information

Organization Name

Street Address

City/State/Zip

Main Contact

Title

Work Phone

Email Address

Signature

Name (printed)

### Attachments

**Please attach the following pieces:**

- High Resolution Logo
- Website URL

### Organizational Summary

Limit your summary to a maximum of 100 words. Links to other materials can be included. This information, along with your organization's logo, will be displayed on BHCG's Affiliate Members page.

Date

Title

**Please mail application and check payable to:**

Business Health Care Group  
Attn: Jennifer LaMere  
W229 N1433 Westwood Drive, Suite 201  
Waukesha, WI 53186

**If you have any questions, please contact  
Jennifer LaMere at [jamere@bhcgwi.org](mailto:jamere@bhcgwi.org)**

**Payment is due within 30 days of notification  
of membership acceptance.**

