



DISTRICT OF COLUMBIA
BEHAVIORAL HEALTH ASSOCIATION

**2021 AFFILIATE MEMBERSHIP APPLICATION / RENEWAL:
HOSPITAL AFFILIATE MEMBERSHIP**

ORGANIZATION INFORMATION

Organization Name:		
Year of Incorporation:	EIN:	For-Profit / Non-Profit CBE: Y / N
Street address:		
City:	State:	ZIP Code:
Primary Contact Name:	E-mail:	Phone:

DC BEHAVIORAL HEALTH HOSPITAL AFFILIATE INFORMATION

All hospital services are included in hospital affiliate membership. Dues allow membership participation for any hospital level of care, including emergency, inpatient, and outpatient services, as well as services performed by fully-owned and fully-integrated physician practice groups or other fully-integrated specialty care. Organizations affiliated with but owned and operated distinctly from a hospital or hospital system may request consideration for member agency or other affiliate member status, if otherwise qualified, and that membership would be treated separately from affiliate membership for the affiliated hospital.

BUDGET AND DUES INFORMATION

Gross Patient Revenues:

Please select dues as a hospital affiliate member below based on your organization's gross patient revenues for all services:

<input type="checkbox"/>	\$500M-	\$5,500	<input type="checkbox"/>	\$1.5B - \$2B	\$ 8,500
<input type="checkbox"/>	\$500M-\$1B	\$6,500	<input type="checkbox"/>	\$2B - \$2.5B	\$ 9,000
<input type="checkbox"/>	\$1B - \$1.5B	\$7,500	<input type="checkbox"/>	\$2.5B - \$3B	\$ 10,000
For new members, dues are pro rated 25% per quarter.			<input type="checkbox"/>	\$3B+	\$ 10,500

If your organization does not provide the services listed above, please review our member agency and affiliate membership categories, or contact Mark LeVota, DCBHA Executive Director, by phone at 202-929-3757 or by email at Mark.LeVota@DCBehavioralHealth.org to discuss becoming a corporate partner.

DCBHA dues for renewing members and affiliate members are due March 31, 2021. If your organization would like to pay half now and the balance by June 30, 2021:	<input type="checkbox"/>	Half-Year Payment Plan
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Please remit payment to: DC Behavioral Health Association, PO Box 33515, Washington, DC 20033-3515