



BE A MEMBER, HAVE AN IMPACT!

WHAT IS THE COLORADO CONSUMER HEALTH INITIATIVE (CCHI)?

The Colorado Consumer Health Initiative (CCHI) is a non-profit, 501(c)(3) organization with a vision that all Coloradans have access to high quality, affordable health care. Working at the legislature, state agencies and in the community, CCHI strives to ensure the consumer perspective is presented in decision-making on health care. We engage, educate and empower consumers and consumer advocacy organizations to present a unified consumer voice on health care systems change.

WHY BECOME A MEMBER?

HAVE AN IMPACT

Our policy team works tirelessly at the capitol and state agencies to represent the policy goals of our members. Speaking through this united voice provides members a greater influence on health care policy in Colorado.

COLLABORATE

As a member of CCHI, you will be connected with other advocates and leaders that on health care policy. CCHI also offers members trainings and forums on a variety of issues.

BE HEARD

We work with our members to develop public communications strategies and make sure members' voices reach Coloradans. CCHI promotes members' organizations and activities through CCHI's website and social media efforts.

STAY INFORMED

CCHI staff is available to help members understand complex health care policy issues. Members receive our regular policy fact sheets, bill tracking sheets, action alerts, and bi-weekly update.

Becoming a member,...

You affirm that you support [CCHI's vision, mission and core values](#) and affirm you understand that CCHI represents consumer interests in health care and that you are joining CCHI in your capacity as a health care consumer. You also [authorize CCHI to use your name as a member on our lists and/or website](#).





MEMBERSHIP APPLICATION

INDIVIDUAL MEMBERS

NAME:
*HOME STREET ADDRESS:
CITY, STATE, ZIP:
HOME PHONE:
PRIMARY EMAIL ADDRESS:

*Home contact information required to match you to your elected officials for action alerts.

ORGANIZATIONAL MEMBERS

ORGANIZATION:
MAIN CONTACT:
TITLE:
WORK STREET ADDRESS:
CITY, STATE, ZIP:
WORK PHONE:
WORK EMAIL:
WEB ADDRESS:
MISSION STATEMENT: (write below or attach a copy)
TWITTER HANDLE:
ADDITIONAL ORGANIZATION CONTACTS: (Name & email Address)
How many members/consumers does your organization represent statewide? _____
In which locations outside of the Denver area do you have an active presence (chapters, members, office, etc.)? Please List:





MEMBERSHIP APPLICATION

MEMBERSHIP STRUCTURE AND DUES

INDIVIDUAL MEMBERSHIP

ANNUAL DUES

Individuals not associated with an organization \$50

ORGANIZATIONAL MEMBERSHIP

Small Organization (employs 1-10) \$150

Medium Organization (employs 11-50) \$225

Large Organization (employs 51 or more) \$300

Scholarship Request ** \$_____

I would like to make an additional donation \$_____

TOTAL \$_____

** Scholarships are available to those that cannot pay the full membership dues. If you are requesting a scholarship, complete and submit this form and we will notify you if we are able to approve your request.

HEALTH CARE ACTION NETWORK

This important tool will allow you to easily communicate with your elected officials on health policy issues. We will send email action alerts when we want you to take action on a specific piece of legislation or health policy issue. You will also receive bi-weekly e-mail updates to help you stay informed about current health care policy issues. Your home address is required for participation in policy action alerts. You will be automatically added to this subscription list unless you choose to opt out by checking the box below.

I wish to not be subscribed to the Health Care Action Network.

VOLUNTEER OPPORTUNITIES

Yes! I would like to be contacted about volunteer opportunities.





MEMBER AGREEMENT

By signing below, I agree to become a member of the Colorado Consumer Health Initiative (CCHI). I authorize CCHI to list my name and/or my organization's name on its membership list, including its website, I agree to pay my annual dues and understand that renewal dues are to be paid by November 15th.

I/My organization affirms support for CCHI's vision, mission and core values and affirm that I/my organization understands that CCHI represents consumer interests in health care and that I/my organization is joining CCHI in capacity as a health care consumer.

Signature _____
Date

PAYMENT INFORMATION

(Annual Memberships are active for one calendar year; ending on November 15th.)

CHECK ENCLOSED (payable to Colorado Consumer Health Initiative)

CREDIT CARD

I authorize CCHI to bill my credit card

VISA **MasterCard** **AMEX** **Discover**

Name: _____

Billing Address: _____

Card Number: Exp. Date:

Card Security Code (CSC):

Authorized Signature _____

I have paid online at www.cohealthinitiative.org

