



Improving Healthcare for Californians

# Associate Partner Application

An Associate Partner is a large firm, company or corporation that works with and provides programs, products or services to physician groups in California.

Application is hereby made to become an Associate Partner in the California Association of Physician Groups (CAPG), a non-profit 501(c)(6) corporation.

Organization's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax : \_\_\_\_\_

Company Website Address: \_\_\_\_\_

Type of Business (describe briefly): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company Annual Revenues: \$ \_\_\_\_\_ As of Fiscal Year Ending: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

## Business References (from the physician group community)

- Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

# California Association of Physician Groups (CAPG) Associate Partner Application

## Management

Please designate two individuals to act as the primary CAPG contact/representatives. These individuals will also be placed on the general distribution list for newsletters, programs and other association information.

1.	_____	_____	_____
	(Name)	(Title)	(Email)
2.	_____	_____	_____
	(Name)	(Title)	(Email)

## Partnership & Benefits

An Associate Partner is a large firm, company or corporation that works with and provides programs, products or services to physician groups in California. The benefits of Associate Partnership include:

- Visibility to organizational members via the CAPG Membership Directory.
- Receipt of general information including the CAPG *Update* newsletter and other publications.
- Attendance at CAPG General Membership Meetings and other education programs.
- Preferential consideration to sponsor/exhibit at the Annual CAPG Healthcare Conference.
  - Associate level consideration for an annual meeting exhibit booth location/placement.
- Recognition of your partnership with CAPG in our website Partner Directory.
- Announcement of your partnership with CAPG in our *Update* newsletter.

The acceptance of an Associate Partner does not in any way constitute an endorsement of services and/or products by CAPG.

## Annual Fee

The annual fee for an Associate Partner is \$15,000. The fee becomes payable upon the application's approval.

## Application Process

Applications for an Associate Partner are subject to review by the Executive Committee and approval by the CAPG Board of Directors. Upon reviewing applications, there may be a request for additional information. Applicants will be notified in writing regarding acceptance of this application by the CAPG Board.

Please submit your application to: California Association of Physician Groups  
Partnership Department  
915 Wilshire Blvd, Suite 1620  
Los Angeles, CA 90017

For further information, contact CAPG at (213) 624-CAPG