



<p style="text-align: center;">Organizational Membership Employee Enrollment Form</p>
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Organizational member are entitled to added benefits. In addition to the one hour of free consulting from the CCPH Consultancy Network, Organizational Members have the flexibility to involved more employees of their organization in CCPH membership benefits and services. Organizations are eligible to enroll **three additional** people (four total, including the contact person) through the Organizational Membership category. One designated contact person will receive all official correspondence from CCPH including membership updates, renewals and news. Additional organizational employees will simply need to reference the assigned Organizational Membership ID# * when consuming CCPH membership benefits.

These added benefits include:

- Listing additional employees in the CCPH online membership directory – allows your employees to access our password protected directory which is excellent for networking and connecting with others.
- Additional membership cards – makes consuming CCPH membership benefits and services easy since each card is printed with the organizational membership ID#.
- Additional subscriptions to the CCPH Member Listserv.
- Discounts on registrations to the CCPH annual conference.

Fill in the boxes below to include additional employees in your Organizational Membership. Please print clearly. You can also submit this form via email to CCPH at ccphuw@u.washington.edu.

Additional Employee #1: Included with Membership

First Name: _____ Middle Initial: ___ Last Name: _____

Title: _____ Organization: _____

Address: _____ Address 2: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

Additional Employee #2: Included with Membership

First Name: _____ Middle Initial: ___ Last Name: _____

Title: _____ Organization: _____

Address: _____ Address 2: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Phone: _____ Fax: _____

Email: _____

Additional Employee #3: Included with Membership

First Name: _____ Middle Initial: ___ Last Name: _____
Title: _____ Organization: _____
Address: _____ Address 2: _____
City: _____ State: _____ Zip Code: _____ Country: _____
Phone: _____ Fax: _____ Email: _____

ADDITIONAL CHARGE† (Additional Employee)

First Name: _____ Middle Initial: ___ Last Name: _____
Title: _____ Organization: _____
Address: _____ Address 2: _____
City: _____ State: _____ Zip Code: _____ Country: _____
Phone: _____ Fax: _____ Email: _____

ADDITIONAL CHARGE† (Additional Employee)

First Name: _____ Middle Initial: ___ Last Name: _____
Title: _____ Organization: _____
Address: _____ Address 2: _____
City: _____ State: _____ Zip Code: _____ Country: _____
Phone: _____ Fax: _____ Email: _____

I designate the following employees of my organization as part of our CCPH organizational membership.

Organizational Membership Contact Name	Member ID#	Date
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†Organizations can include more than 4 employees on their membership for an added fee of \$75 per person.
*All individuals affiliated with an Organizational Membership must give the organizational ID# when consuming membership benefits and services.

Please direct any questions to CCPH at ccphuw@u.washington.edu or (206) 543-8178.

***Thank you again for being a CCPH member!
Please fax or mail this form to:***

**Attn: Membership
Community-Campus Partnerships for Health
University of Washington
UW Box 354809
Seattle, WA 98195-4809**

Fax: 206-685-6747