

Thank you for your interest in having your organization recognized as an affiliate business partner. Help us learn more about your organization by providing the requested information below and emailing your responses with this application to membership@naccho.org.

Organization Name:

Organization Mission:

- Describe how your organization currently works with and/or supports local and governmental public health.
- Describe your goals in partnering with NACCHO (what does your organization hope to accomplish and how this partnership will benefit your organization as well as NACCHO members)
- Describe which membership level your organization is applying for and how your organization plans to use the listed benefits in that level. Also, describe which benefits are of most interest to your organization and if there are other benefits or requests not listed on the attached chart.
- Which program areas best align with your organization? (find descriptions [here](#))
 - Behavioral Health
 - Biosurveillance
 - Health and Disability
 - Environmental Public Health
 - Epidemiology
 - ePublic Health and Informatics
 - Food Safety
 - Global Climate Change
 - Government Affairs/Advocacy
 - Health Equity and Social Justice
 - Chronic Disease
 - HIV, STI, & Viral Hepatitis
 - Infectious Disease
 - Immunization
 - Injury and Violence Prevention
 - Maternal, Child, and Adolescent Health
 - Medical Countermeasures
 - Medical Reserve Corps
 - Performance Improvement
 - Public Health Communications
 - Public Health Transformation
 - Public Health Law and Policy
 - Public Health Preparedness
 - Radiation
 - Research & Evaluation
 - Surge Management
 - Workforce and Leadership
 - Vector Control
- Anything else we should know while considering your application?



Affiliate Business Partner **NEW MEMBER APPLICATION**

ORGANIZATION INFORMATION

Organizations not associated with an LHD may apply for this category. Affiliate membership is subject to NACCHO's approval.

Organization Name

Mailing Address

City State Zip

Street Address (if different than mailing address)

Main Phone

Website

PRIMARY CONTACT INFORMATION

Please identify the contact to receive key NACCHO communications. NOTE: This membership category does not include voting rights or committee participation.

First Name MI Last Name Credentials if used

Title

Email

Mailing Address

City State Zip

Primary Phone Office Home Cell

Secondary Phone Office Home Cell

DUES & PAYMENT INFORMATION

Affiliate Business Partner Category (check one):

- Bronze Level \$ 5,000
- Silver Level \$ 7,500
- Gold Level \$ 10,000
- Platinum Level \$ 15,000
- Diamond Level \$ 25,000

PAYMENT TYPE:

- Check (made payable to NACCHO)
- Charge my: Visa MasterCard American Express

Card Number Exp (MM/YY)

Name on Card

NACCHO Federal Tax ID: 52-142-6663

Please return the completed application with payment to membership@naccho.org.
Questions? Call 877.533.1320

KEY BENEFITS

Engagement Opportunities

Educate and engage NACCHO members through complimentary and discounted webinars, dedicated newsletters, and advertising in NACCHO membership e-Publications.

Annual Conference Recognition and Discounts

Organization's name and partner level will be displayed in conference materials and exhibitor booths.

Discount on Conference Exhibit Booth Space

Receive a 4% discount on exhibit booth spaces if reserved and paid for in its entirety no later than 90 days of the annual conference. Pay no later than 60 days are eligible for a 2% discount.

Multi-Year Membership Discount

Pre-pay for three years of membership and receive a 5% discount.

...and even more!

Take a look at the benefits for each level and decide which is the best fit for your organization.

NACCHO

National Association of County & City Health Officials



	Diamond	Platinum	Gold	Silver	Bronze
Annual Membership					
	\$25,000	\$15,000	\$10,000	\$7,500	\$5,000
individual memberships for staff	12	8	6	4	2
multi-year membership discount (3 years)	5%	5%	5%	5%	5%
Member Engagement					
60-minute webinar	3	2	1	25% off	25% off
annual dedicated newsletter on topics of interest	1	1	25% off	25% off	25% off
annual research brief/industry perspective (4-6 pages)	1	1	25% off	25% off	25% off
full access to Directory of Local Health Departments	yes	yes	yes	yes	yes
defined participation in NACCHO's subject matter expert workgroups	yes	yes	yes	yes	n/a
Recognition					
identified by NACCHO partner level logo	yes	yes	yes	yes	yes
listed on NACCHO partner directory	yes	yes	yes	yes	yes
Affiliate Business Partner Circle participation (TBD)	yes	yes	yes	yes	n/a
complimentary ad in NACCHO ePublication TBD	8	6	4	2	1
discounted ad in NACCHO ePublication TBD	25% off	25% off	25% off	25% off	25% off
Conferences Recognition/Discounts					
partner level & company logos in guide/signage	yes	yes	yes	yes	yes
partner level recognition at exhibitor's booth	yes	yes	yes	yes	yes
complimentary conference registration	3	2	1	n/a	n/a
discount on conference exhibit booth space (if paid 90 days before conference)	4%	4%	4%	4%	4%
discount on conference exhibit booth space (if paid 60 days before conference)	2%	2%	2%	2%	2%
advanced notice of housing opening	yes	yes	yes	yes	yes