



618 Hospital Road Tappahannock, VA 22560
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Membership Application Form

Questions should be addressed to Donna Dittman Hale, Executive Director, by email at execdirector@bayriverstelehealth.org. Applications can be emailed to the same address.

Please forward membership checks, payable to: Bay Rivers Telehealth Alliance to the mailing address above.

Applicant Organization: _____

Contact Name: _____

Title/Position: _____

Credentials (if applicable): _____

Primary Specialty (if medical practice, please do not leave blank): _____

Mailing Address: _____

City: _____ *State:* _____ *Zip:* _____

Phone: _____ *Fax:* _____

Email: _____

How did you hear about Bay Rivers Telehealth: _____

Referred by: _____

Representative to serve on Board of Directors: _____

Alternate representative: _____ *Email:* _____

Title: _____

By submitting this application, you agree to abide by and be subject to the terms and conditions stated in the Bylaws of *Bay Rivers Telehealth Alliance*. A copy of these bylaws, as well as Articles of Incorporation, is available upon request by contacting *Bay Rivers Telehealth Alliance*. Please indicate your agreement by signing below:

Signature _____ Date _____

Membership Classification Structure

Bay Rivers Telehealth Alliance		<i>Effective May 2011</i>
MEMBERSHIP STRUCTURE		
<i>Membership Category</i>	<i>Summary of Benefits</i>	<i>Annual Dues</i>
Tier A Health Care Providers Medical Education and Social Service Organizations with 3 or more Telehealth sites	<ul style="list-style-type: none"> • Consult with Alliance staff for guidance on telehealth program development and operations • Group purchasing opportunities • Telemedicine referrals for patients/clients • Patients and staff can participate in community health education organized/co-sponsored by Alliance • Participation in provider education/CME offerings organized or co-sponsored by Alliance • Member’s leaders assist in identifying Alliance programs and business services that assist in meeting their needs • Distribution of major telehealth news to member designee(s) • Participation in provider education/CME offerings organized or co-sponsored by Alliance • Opportunity to contract for services (i.e., grants writing or management; telehealth or rural health projects) • Seat at table for meetings; 1 vote 	\$5,000
Tier B Health Care Providers Medical Education and Social Service Organizations with 1-2 Telehealth sites	<ul style="list-style-type: none"> • Consult with Alliance staff for guidance on telehealth program development and operations • Group purchasing opportunities • Telemedicine referrals for patients/clients • Patients and staff can participate in community health education organized/co-sponsored by Alliance • Participation in provider education/CME offerings organized or co-sponsored by Alliance • Member’s leaders assist in identifying Alliance programs and business services that assist in meeting their needs • Distribution of major telehealth news to member designee(s) • Participation in provider education/CME offerings organized or co-sponsored by Alliance • Opportunity to contract for services (i.e., grants writing or management; telehealth or rural health projects) • Seat at table for meetings; 1 vote 	\$3,000
Industry/Business Affiliate	<ul style="list-style-type: none"> • Distribution of major telehealth news to member representative • On RFP list for group purchasing, or participation in projects that include telehealth businesses • Can present to health provider members at 1 Alliance meeting per year • Recognized as affiliate with link on Alliance's web site 	\$3,000
Community Sponsor	<ul style="list-style-type: none"> • On distribution list for notices about community health service • Employees and/or members of organization can participate in community health education • Contribution recognized on Alliance web site, with link • Invitation to annual meetings 	\$1,500 or more

Membership Type (Refer to the table above for membership options)

Please select your appropriate membership level (check only one box)

- | | |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Full Voting Member
○ Tier A – \$5,000
○ Tier B – \$3,000 | <input type="checkbox"/> Industry/Business Affiliate - \$3,000

<input type="checkbox"/> Community Sponsor - \$1,500 or more |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|

- Check enclosed**
 Please invoice (please list contact and other relevant information regarding invoicing)

Contact : _____

Contributions to *Bay Rivers Telehealth Alliance*, a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code, are deductible for computing income and estate taxes. **Tax ID Number: 20-473-5093**

Telehealth Activities

To assist the Alliance in identifying programs and services that fit the interests of the membership, please:

List your telehealth sites, and describe your organization's current telemedicine services:

Briefly list any short or long term telemedicine planning initiatives: _____

What are your primary objectives regarding telehealth: _____

In what areas do you want assistance from the Alliance? (note all that apply)

Connecting medical specialists from your practice(s) to local PCPs _____

Provider continuing education _____ *(list types: physicians, nurses, allied health)*

Orientation of providers/medical practice staff to uses of telehealth _____

Billing and operations for telehealth services _____

Protocols and clinical procedures for telehealth programs _____

Grants and funding opportunities for:

New Telehealth capabilities _____

Rural health services _____

Federal and state government policies and regulations related to telehealth _____

Other: