



TIPAAA – Associate Membership Application

Please review the following descriptions of TIPAAA Associate Membership classifications to determine which membership classification best suits your organization. TIPAAA Associate Members are comprised of organizations that are either of the following:

Vendor Organization: Organizations which provide products and services directly to IPAs. Examples of these are accounting, consulting, data processing and insurance organizations, or:

Health Care Management Organizations: Organizations which manage or provide practice management and related support services directly to IPAs. These can include MSOs and PHOs. If you have questions, please call 510-967-7305.

SECTION I – Organization Information and Membership Levels

How did you learn about TIPAAA? (If a specific person referred you, please provide his/her name, organization, state and member number).

If there are any TIPAAA Associate Members from your organization, please list:

1.

2.

3.

Select your desired level of Association below: For more information, please refer to the Associate Levels and Benefits matrix.

Individual Associate (\$285 Annually) – Complete Sections I-V.

Corporate Associate (\$5,000 Annually) – Complete Sections I-V.

Key Market Associate (\$25,000 Annually) – Complete Sections I-V.

Key Market, Key Corporate and Corporate Associate member additional employees (\$200 Annually). For individual joining from existing Corporate, Key Corporate and Key Market Associates organizations – Complete Sections I, II, IV, V.

SECTION II – Individual or Primary Corporate Associate Representative

Last Name _____ First Name _____

Complete Organization Name _____

Organization Address _____

City _____ State _____ Zip _____

Work Phone Fax _____ - _____ - _____

Home Address _____

(This confidential information is required for membership tracking)

City _____ State _____ Zip _____

SECTION III – Second Corporate Associate Representative

Last Name _____ First Name _____

Complete Organization Name _____

Organization Address _____

City _____ State _____ Zip _____

Work Phone Fax _____ - _____ - _____

Home Address _____

(This confidential information is required for membership tracking)

City _____ State _____ Zip _____

SECTION IV – Organization Type

Accounting	Financial Services	Medical Equipment
Consulting	Health-related Association	Office Systems/Supply
Data Processing	Insurance	Pharmaceutical
Legal	Employment/Recruitment Services	Other

SECTION V – Payment Information

Associate dues must be paid in full for your application to be processed. Please indicate payment method: Check (Payable to TIPAAA) Credit Card (Please complete the following information)

Card type: VISA Master Card American Express

Card Number _____

Expiration Date _____ CCV _____

Billing Address _____

City _____ State _____ Zip _____

Signature _____

Total (from Section I) \$ _____ Check Number # _____

Please mail your application with complete payment to:

TIPAAA – The IPA Association of America
2350 Saddlesprings Drive, Milton, GA 30004

BENEFITS TO ASSOCIATES

Associates Levels and Benefits	Key Market Associate	Corporate Associate	Individual Associate
Discount on exhibit space (Annual National Meeting)	20%	10%	
Discount on base rate advertising	20%	10%	
Discount on publications and education programs	20% (Available to all employees)	10% (Available to all employees)	10% (Available to all employees)
Annual National Meeting Complimentary Badge	YES	YES	
Annual Costs*	\$25,000	\$5,000	\$285

*Benefits / Prices subject to Annual Adjustment

Interested?

Please contact us if you or your company is interested in becoming a Partner or Sponsor of TIPAAA. Partner with TIPAAA today and put your message in front of the industry's decision makers tomorrow!

Contact Information

Please contact us in the manner below that is most convenient for you – we would love to hear from you!

Regular/Express Mail:

TIPAAA – The IPA Association of America
2350 Saddlesprings Drive, Milton, GA 30004
Phone: 510-967-7305
Fax: 510-217-2241