2027 BUSINESS ASSOCIATE MEMBER APPLICATION

Return to Juliet Joy | juliet@careoklahoma.com

MY BUSINESS IS A: ☐ New Member ☐ Renewing Member

2027 MEMBERSHIP LEVEL

☐ Diamond	**$30,000**
☐ Platinum	**$15,000**
☐ Gold	**$7,500**
☐ Silver	**$3,500**
☐ Basic	**$1,000**

Diamond, Platinum & Gold
Pricing includes registration for 2 attendees and booth at Leadership Conference (Day 1), Spring Trade Show, & Fall Trade Show.
MUST still register for event if attending once registration opens.

Silver
Includes registration for 2 attendees and booth at Spring Trade Show & Fall Trade Show.
MUST still register for event if attending once registration opens.

Basic
Does not include any registrations; however, membership pricing will apply.
MUST register for event if attending once registration opens.

PAYMENT OPTIONS

Please Bill Us ☐ Annually ☐ Quarterly **We Will Pay With** ☐ Check ☐ Credit Card

COMPANY INFORMATION

Company Name

Primary Contact | Phone | Fax

Address | City / State / ZIP

Website

A/P Contact | A/P Email

Sales Contact | Sales Email

PRODUCT / SERVICE CATEGORY - REQUIRED
To be listed in our website Business Member Directory, you must fill out this information.

INVOICING NOTICE

Your application will be processed and an invoice will be issued to the accounting contact indicated above. Your membership will not be considered active until the first agreed upon payment is received.

AGREEMENT

Please accept this official contract and agreement for our organization to be named as a member and/or sponsor as indicated above in 2027. I understand that Business Associate Members are encouraged to promote membership with Care Providers Oklahoma and utilize membership benefits to the fullest but that any inference to my organization being a preferred supplier to facilities is prohibited unless expressly agreed upon and as defined by Care Providers Oklahoma. I also understand that this application and my organization's intent and nature of business will be reviewed and approved by Care Providers Oklahoma before benefits will be implemented, and that my membership may be cancelled at any time if my actions conflict with the mission, vision, values, or objectives of Care Providers Oklahoma. I understand that some sponsorship opportunities have limited availability. In return for sponsoring at the cost listed above, it is my understanding that my organization will receive the sponsorship recognition according to the entitlements of the sponsorship selected. I understand and agree that payment terms must be met for membership to be considered active, and must remain in good standing in order for our organization to receive sponsorship recognition.

Signature | Title | Date

OFFICE USE ONLY Received: _____ Payment Received: _____ Active Date: _____