Membership Agreement Of The

New York Labor Health Care Alliance Inc.

Welfare Fund: _____

*Address:*_____

_____

Telephone: (____) ____ - _____ *ext:* ____ *Fax:* (____) ____ - _____.

E-mail: _____

Number of Participants in your Welfare Plan: _____*Actives* _____*Retirees*

Membership Fee:	**Initiation membership fee:**	**$ 1,000.00**
	First year's annual fee:	**$ 500.00**
	Total fees due upon acceptance:	*$ 1,500.00*

The undersigned hereby applies for membership in the New York Labor Health Care Alliance Inc.

Effective upon acceptance, the_____ **(health/welfare fund) (herein known as the "Fund") hereby becomes a member in good standing of the New York Labor Health Care Alliance Inc. (herein known as the "Alliance") with all rights and privileges of membership. The Fund hereby further agrees to and appoints the Alliance as agent for the negotiation of health care and related benefits for the Alliance participants. It is understood that the Alliance should be able to obtain greater results on a combined basis than any individual fund. It is further understood this agreement does not obligate the Fund to participate in Alliance negotiated agreements for health care and related benefits.**

The authorized voting representative in all matters involving the Alliance on behalf of the aforementioned member Fund shall be (print). Title: _____

Name: _____.

Signatory Fund Representation:

I hereby agree to the aforementioned terms and do so as an authorized signatory of the named Fund.

Signature: _____ **Date**_____/_____/_____.

(Print Name) _____ **Title:** _____

Alliance Representation:

The aforementioned Fund is hereby accepted into membership in the New York Labor Health Care Alliance Inc., effective (approval date) _____/_____/_____.

Signed: _____**, President, NYLHCA, Inc.**

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Please mail completed application and payment to: New York Labor Health Care Alliance

890 Third Street

Albany, NY 12206