New York Labor Health Care Alliance, Inc.

Membership Agreement

Health/Welfare Benefit Fund: _____

Address: _____

Office Phone: _____ Cell (optional): _____

E-mail: _____

Number of members covered: _____ Total Lives: _____

Membership Fee:	Initiation Fee:	$ 1,000.00
	First Years' Annual Fee:	$ 750.00
	Total fees due upon acceptance:	$ 1,750.00

The undersigned hereby applies for membership in the New York Labor Health Care Alliance, Inc. effective,_____, 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 Fund shall be:

Name: _____ Title: _____

E-mail: _____ Phone: _____

Alternate:_____ Title: _____

E-mail: _____ Phone: _____

Signatory Fund Representation

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

Signature: _____ Date: _____

Name (print) _____ Title: _____

Alliance Representation

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

Signature: _____ Date: _____

President, NYLHCA, Inc.