

# HERO Think Tank

## Application for HERO Think Tank CORPORATE or STAKEHOLDER Membership

The HERO Think Tank is a division of the Health Enhancement Research Organization (HERO), an Alabama not-for-profit, 501(c)3 corporation, EIN [63-1141480](#).

- I. It is understood that the HERO Think Tank is supported by employers and selected stakeholders that have common interests in prevention as a method to enhance employee health, well-being, and work performance.
- II. The undersigned organization, desires to become a HERO Think Tank CORPORATE or STAKEHOLDER Member.
- III. It is understood that membership in the HERO Think Tank is open to organizations representing a variety of professional disciplines. The undersigned is represented as the following (please check one):

- |   |   |
|---|---|
| <input type="checkbox"/> Employer                         | <input type="checkbox"/> Hospital                         |
| <input type="checkbox"/> Consulting Firm                  | <input type="checkbox"/> Health care system               |
| <input type="checkbox"/> Health promotion provider firm   | <input type="checkbox"/> Health oriented association      |
| <input type="checkbox"/> Disease management provider firm | <input type="checkbox"/> Universities                     |
| <input type="checkbox"/> Health care plan                 | <input type="checkbox"/> Prevention research organization |
| <input type="checkbox"/> Health care integration firm     | <input type="checkbox"/> Government research agencies     |

If other, please specify: \_\_\_\_\_

- IV. It is understood and agreed that the annual fee to be a HERO Think Tank Corporate or Stakeholder Member is:

A - Corporate Member

- \$5,000 per year
  - \* May be paid as a single payment, or in two \$2,500 payments at six-month intervals.
  - \* Obligation is for one (1) year, with the option to continue, or cancel membership at the end of each year.

B - Stakeholder Member

- \$5,000 per year
  - \* May be paid as a single payment, or in two \$2,500 payments at six-month intervals.
  - \* Obligation is for one (1) year, with the option to continue, or cancel membership at the end of each year.

- V. Please provide the following information (Please print):

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Website: \_\_\_\_\_

VI. Payment

\_\_\_\_\_ Check is attached or being processed.

\_\_\_\_\_ Send invoice.

\_\_\_\_\_ Request split payment. The second payment will be automatically invoiced at the end of six months.

***\* Payment is accepted by personal or company check.***

VIII. This agreement is executed by: (please print)

Name and Credentials: \_\_\_\_\_

Organization: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

VII. Print and complete this application, then mail or fax to:

HERO  
15 Office Park Circle, Ste. 202  
Birmingham, AL 35223  
Phone: 205-969-2680  
Fax: 205-871-7811

Upon receipt of completed application, an invoice will be sent.