

Thank you for your interest in joining IVI and our common mission to advance the science, practice, and use of value assessment in healthcare to make it more meaningful to those who receive, provide, and pay for care. Please complete the form below, send it to Erica Malik (erica.malik@thevalueinitiative.org), and we will send you an invoice, which can be paid via check or through an online bank transfer.

CONTACT INFORMATION

Full Name: _____ Suffix: _____

Title: _____

Organization: _____

E-Mail: _____ Assistant E-Mail: _____

Address: _____ State: _____ Zip: _____

MEMBERSHIP TYPE

Please check the box that fits your stakeholder group. Indicate the membership dues for your group below your selection. Refer to the table for membership details and the dues associated with each type of membership.

Organizational Individual

	Membership Type	Annual Revenue	Dues
Organizational	Innovators Circle	Below \$5 billion	\$150,000
		Above \$5 billion	\$250,000
	General Membership (private companies)	Below \$10 million	\$10,000
		Above \$10 million	\$50,000
	Non-Profit Membership (non-profits, government, professional societies, and foundations)	Below \$10 million	\$250
		Above \$10 million	\$2,500
Individual	Innovators Circle	---	\$2,000
	Consultants, Researchers	---	\$500
	Patient and Family	---	\$150
	Student	---	\$25

Please check the stakeholder group you represent: Patient or Family Payer Employer Industry Research Provider

If Other, please indicate: _____

Signature

Date

Membership is for the calendar year and can be pro-rated if you join mid-year. If you have any specific membership questions, please contact Erica Malik (erica.malik@thevalueinitiative.org).

If you are interested in joining our organization at the Innovators Circle level, please contact Melanie Ridley (melanie.ridley@thevalueinitiative.org) for additional information.