

# Nebraska Plains Healthcare Coalition (NPHCC)

## Membership Agreement

### Organization Information

Organization Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ - \_\_\_\_\_ Secondary Phone \_\_\_\_\_ - \_\_\_\_\_

Fax: \_\_\_\_\_

### Organization Member Information

1. Main Contact Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ - \_\_\_\_\_ Cell: \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

2. Alternate Contact Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ - \_\_\_\_\_ Cell: \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

3. Alternate Contact Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ - \_\_\_\_\_ Cell: \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

### **Agreement NPHCC membership:**

I have read and agree to follow the NPHCC by-laws as outlined by the NPHCC Steering Committee. I understand that a violation of by-laws may result in termination of my organization from NPHCC. We agree to attend Steering Committee meetings in order to guide NPHCC.

Signature: \_\_\_\_\_  
Organization signature Date

### **Agreement NPHCC Steering Committee member:**

My agency agrees to have a representative sit on the NPHCC Steering Committee. We agree to follow the NPHCC by-laws and attend Steering Committee meetings and will have voting privileges according to the NPHCC by-laws.

Signature: \_\_\_\_\_  
Organization signature Date