

Healthcare Information Initiative of Utah (HIIU) Membership Form

HIIU membership is open to all corporations and individuals in the state of Utah. Becoming a member of HIIU simply indicates your support of HIIU's goal. You are merely adding your name to the list of those who would like to see this project succeed. There is no other commitment. There is no hidden agenda. Membership does not imply any binding or contractual obligation.

Please choose the one category that best describes your situation:

Corporation _____ Self Employed _____ Number of Employees (including self) _____

Individual _____ Family _____ Number of Family Members (including self) _____

Corporate / Business Name _____

Individual or Family Name _____

Contact Person / Title _____

Address _____

City, State, Zip _____

Phone _____

E-mail Address _____

Healthcare insurance companies and/or Third Party Administrators that you utilize:

1. _____
2. _____
3. _____

For Individuals and Families: Physicians that you visit:

1. _____
2. _____
3. _____

Memberships and Affiliations (such as Chamber of Commerce, VestPocket...)

1. _____
2. _____
3. _____

HIIU may use my/our name in its promotional and educational material: Yes ___ No ___

I / we may be interested in serving on HIIU's Advisory Board or one of its committees Yes ___ No ___

I / we would like to receive e-mail updates from HIIU Yes ___ No ___

Donations will be accepted. HIIU has applied for 501(c) (3) status.

Your information will never be given to a third party. You may remove your name from the e-mail update list at any time by replying to the sent e-mails.

Please mail or fax this form to: HIIU

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Salt Lake City, Utah 84124

Phone (801) 264-9111 Fax (801) 685-9444