

## ***E.MAP Membership Dues and Application***

E.MAP is a non-profit membership organization. In order to fund the basic expenses associated with our coalition initiatives, we require that employers pay modest annual membership dues.

Please submit the following Membership Application along with your initial dues payment:

### **Dues Structure**

Number of Employees	Annual Membership Dues
2 to 5	\$25
6 to 99	\$50
100 or More	\$100

#### **Check Appropriate Boxes**

- New Member  
 Existing Member

#### **Product Purchasing**

- UPMC Health Plan  
 Guardian Dental  
 Guardian Group Life

### **Application**

Company Name				
Address		City	State	Zip
Contact Person		Title		
Phone	Fax		E-Mail	
Benefits Contact Person		Title		
Phone	Fax		E-Mail	
Broker Name			Phone	
Number of Employees	Annual Dues		Effective Date of Coverage	

Please make check payable to E.MAP and mail to the following address:

*E.MAP - Membership*  
*PO Box 457*  
*Johnstown, PA 15907-0457*