



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

E.MAP is a 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
2-5	\$25
6-99	\$50
100 or More	\$100

#### **Check Appropriate Boxes**

- New Member  
 Existing Member

#### **Product Purchasing**

- UPMC Health Plan  
 UPMC Dental *Advantage*

### **Application**

Please print and complete in its entirety.

Company Name		
Address	City	Zip
1 <sup>st</sup> Contact		Title
Phone	Fax	E-Mail
2 <sup>nd</sup> Contact		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*