



## 2018 Annual Membership Dues

### Apply for Membership

- 1.) Complete this application form. Fill in information *exactly* as you would like it to appear in website listing.
- 2.) Complete a separate data questionnaire for each facility, sign and date.
- 3.) Have your hospital representative sign confidentiality agreement.
- 4.) Attach a check made payable to *Emergency Department Benchmarking Alliance, Inc.*
- 5.) All applications for membership are reviewed by the EDBA Board of Directors upon submission.

### Membership Benefits

Membership benefits include access to the collaborative portal and ListServ on the website, [www.edbenchmarking.org](http://www.edbenchmarking.org), a Membership Directory, participation in the annual meetings, a reduced rate to educational opportunities and much more.

### Membership Category and Dues

**Class A Hospital/Multi-Hospital Dues**

Number of Hospitals	Annual Dues
1 <sup>st</sup> Hospital	\$1,000
2-5	\$1,000 for 1 <sup>st</sup> hospital and \$500 each for hospitals 2-5
5 and up	\$1,000 for 1 <sup>st</sup> hospital and \$500 each for hospitals 2-5 and \$250 for each after 5
Maximum Annual Cap	\$5,000

### 2018 Annual Membership Dues

**Class A Hospital/Multi-Hospital:**                      # of Hospitals \_\_\_\_\_      Total Dues \$ \_\_\_\_\_

Please complete a separate data questionnaire for each facility.

**Please remit payment with: invoice, completed data surveys and signed confidentiality statement to:**

Emergency Department Benchmarking Alliance  
 311 East Park Ave, C103  
 Minocqua, WI  
 54548  
 Ph (855) 662-6674    tax id# 26-195661

**Complete a separate form for each individual hospital**

**Hospital Information** (Please type or print clearly; list information exactly as you would like it to appear in EDBA website listing)

**Hospital Name:** \_\_\_\_\_

**Hospital Address and Phone Number:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Department Volume:** \_\_\_\_\_

Emergency Department Leadership Individuals (those that will be active in the Alliance)

Name/Position/E-Mail Address/Phone#

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## CONFIDENTIALITY AGREEMENT

**Purpose:** The Emergency Department Benchmarking Alliance exists for the benefit of its member organizations and physicians. The Alliance studies measurable aspects of emergency department care and operational strategies for emergency department management to learn how to improve emergency department services.

Information from hospitals and physicians concerning various aspects of emergency department care and management are integrally important to the purposes stated above. Hospitals and physicians share their data and operational strategies with the Alliance with the expectation that it is exclusively for the benefit of the Benchmarking Alliance members.

Therefore, any Benchmarking Alliance member agrees, as a condition of joining the Alliance, to hold all information from hospitals and physicians in strict confidence. To enhance this confidentiality, all data received will have hospital or physician identifiers coded so that no hospital or physician can be identified. A separate key may be provided for data analysis. Information concerning patients will not be accepted in a manner which identifies the patient by name or another specific patient identifier.

Members may not use data for any marketing or research purpose without prior approval of the EDBA board.

Should a member of the Benchmarking Alliance wish to use data presented to the Benchmarking Alliance to reference any hospital or physician data by name, the member must obtain the permission of the identified hospital or physician group and the EDBA board prior to use of that data.

This agreement stays in force during the entire time the physician or hospital group is a member of the Benchmarking Alliance and at all times subsequent to leaving the Alliance.

Signed:

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Benchmarking Alliance Member

Date

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Print your Name and Facility/Physician Group