



# EDBA

Emergency Department Benchmarking Alliance

## 2019 Membership Application for ED Benchmarking Alliance

Thank you for your interest in joining the EDBA this year. The EDBA is a consortium of more than 1500 ED's throughout the country. We strongly believe that the EDBA can meet the needs of your needs for cohort data and performance measures. Membership benefits include access to the collaborative portal, [www.edbenchmarking.org](http://www.edbenchmarking.org); an active listserv; participation in an annual ED Innovations Conference; a reduced rate to educational opportunities; and much more. The EDBA is a multi-disciplinary group of ED leaders dedicated to improving operations.

### How to apply:

- 1) Complete this application form. Please fill in the information exactly as you would like it to appear
- 2) Have your hospital representative print and sign confidentiality agreement
- 3) Attach a check made payable to *Emergency Department Benchmarking Alliance* (a W-9 is available)
- 4) Once your application has been received you will receive documents for data submission

### Membership Category & Annual Dues

|  |   |
|--|---|
| <b>1<sup>st</sup> Hospital</b>                   | <b>\$1,000</b>  |
| <b>2<sup>nd</sup> – 5<sup>th</sup> Hospitals</b> | <b>\$500 each</b> (in addition to \$1,000 for first hospital)   |
| <b>5<sup>th</sup> and ++ Hospitals</b>           | <b>\$250 for each</b> (in addition to the \$1,000 for first hospital and \$500 for 2 <sup>nd</sup> – 5 <sup>th</sup> hospitals) |
| <b>Maximum Annual Cap</b>                        | <b>\$5,000</b>  |

### 2018 Annual Membership Dues

Number of Hospitals: \_\_\_\_\_

Total Dues: \_\_\_\_\_

**Please remit payment to: Emergency Department Benchmarking Alliance  
PO BOX 44604, Madison, WI 53744**

12/4/2018

**Please complete a separate form for each individual hospital**

(please type or print clearly, list the information exactly as you would like it to appear)

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

Hospital Address: \_\_\_\_\_  
\_\_\_\_\_

Emergency Dept. Administrative Phone Number: \_\_\_\_\_

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

Emergency Department Leadership Individuals who will be active in the Alliance

| <u>Primary Contact Name</u> | <u>Primary Contact Title</u> | <u>Primary Contact Email</u> | <u>Primary Contact Phone</u> |
|-----------------------------|------------------------------|------------------------------|------------------------------|
|                             |                              |                              |                              |

**Please list additional staff members who should be included in EDDBA membership**

| <u>TITLE</u> | <u>NAME</u> | <u>EMAIL ADDRESS</u> |
|--------------|-------------|----------------------|
|              |             |                      |
|              |             |                      |
|              |             |                      |
|              |             |                      |
|              |             |                      |
|              |             |                      |
|              |             |                      |
|              |             |                      |
|              |             |                      |
|              |             |                      |

\*\*If additional lines are needed, please attach a sheet with additional members\*\*