



EDBA

Emergency Department Benchmarking Alliance

2020 Membership Application for Emergency Department Benchmarking Alliance

Thank you for your interest in joining the EDBA. The EDBA is a consortium of more than 1500 ED's throughout the country. We strongly believe our database of comparative analytics will meet the benchmarking needs of your organization. Membership benefits include access to **EDBA Insights** (a secure data entry portal for submitting your organization's data and comparing your operational metrics against other ED's most like yours.), the collaborative portal, 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 emergency department 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 primary contact print and sign confidentiality agreement
- 3) Attach a check made payable to *Emergency Department Benchmarking Alliance* (a W-9 is attached)
- 4) Once your application and membership dues have been received you will receive information for data submission

Annual Dues

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

2020 Annual Membership Dues

Number of Hospitals: _____

Total Dues: _____

09/24/2019

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 Dept. Annual Volume: _____

Please list 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 EDBA membership

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

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

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