

Commission to End Health Care Disparities Membership Application

The Commission to End Health Care Disparities (www.ama-assn.org/go/commission) recognizes that health care disparities exist due to multiple factors, including race and ethnicity. We will collaborate proactively to increase awareness among physicians and health professionals; use evidence-based and other strategies; and advocate for action, including governmental, to eliminate disparities in health care and strengthen the health care system.

Yes.

My organization supports unifying efforts to achieve quality care for all Americans and seeks membership in the Commission to End Health Care Disparities (CEHCD).

Please complete and return the application to:
The American Medical Association
Commission to End Health Care Disparities
515 N State St. 8th Floor
Chicago, IL 60654

Type of organization (please select one):

- Corporate* Physician Organization Other Health Professional Organization
 Academic Institution Government Other _____

**Please note: Corporate Memberships are limited to 15% of the total Commission membership. Due to the limited number of corporate memberships available, membership is limited to those corporations willing to support Commission related activities by paying annual dues of \$10,000.*

Please respond to the following questions

(Please append your responses to this application, limit 1 page maximum per question):

1. What is the mission of your organization? Please include a brief description of your organization.
2. Please describe your organization's interest in Health Care Disparities and include any related activities your organization has promoted or initiated to eliminate health care disparities.
3. Are you able to sponsor the travel and lodging for an organizational representative to attend two Commission to End Health Care Disparities Meetings per year? YES NO**
4. Will you assign a representative to participate on monthly conference calls for one of the CEHCD committees?
 YES NO

***Please note: If your organization is unable to sponsor the travel and lodging for an organizational representative to attend two Commission to End Health Care Disparities Meeting per year please explain why you are unable to do so.*

Please print for all fields below:

Organization :

Tax Status:

Contact Person:

Preferred mailing address :

City:

State:

Zip code:

Office phone:

Fax number:

E-mail address:

Organization website: