



mHealth Initiative Inc. Membership

mHealth Initiative Inc. offers a range of membership opportunities for interested companies and individuals. Membership benefits include discounts to mHI-sponsored events, complimentary mHI audiocasts, and access to mHI reports and articles. Specific membership benefits are outlined below.

General Membership Benefits

As a member of mHealth Initiative Inc., you will be eligible for the following benefits:

- **Joining industry leaders in exploring and advancing mobile applications in healthcare through reports, conferences, discussions, and web resources which will address**
 - Mobile applications for consumers/patients concerning health issues
 - Mobile applications for clinicians: more than 30 current applications and many more in development
 - Administrative applications of mDevices in healthcare
 - Mobile applications for emergency medical services
 - The use of cell phones and other mDevices in clinical trials
 - Financial healthcare applications for mobile devices
- **Member discounts for mHI services, products, and conferences.**
- **Networking with others working with and interested in mHealth through our web services, meetings and conferences**
- **Presenting and seeking solutions at mHI conferences**

Membership Categories

Corporate Membership

Corporate membership is available to vendors, health plans/payers, and similar organizations.

Membership fee for such organizations with revenues of \$3 million or more: \$9500/year

Membership fee for such organizations with revenues of less than \$3 million: \$4500/year

Institutional Membership

Institutional membership is available to the following types of organizations: provider institutions, regulators, government agencies, educational institutions, and professional societies.

Membership fee: \$2,500/year

Individual Membership

Individual membership is available for clinicians, consultants, and other individuals.

Membership fee: \$500/year

Student Membership

Student membership is available to full-time students. Requirements: Proof of enrollment in minimum 12 credit hours for undergraduates, 9 credit hours for graduate students.

Membership fee: \$50/year

Who Should Join mHealth Initiative?

- Companies developing and/or marketing mDevices such as cell phones, PDA, smart phones, etc., related software, products, or solutions for healthcare
- Telecommunications carriers
- EMR and HIT manufacturers, vendors, and dealers (software and hardware)
- Medical device manufacturers and their marketing associates
- Health Internet and Web companies
- Disease management vendors
- Companies offering IT solutions that interface with mDevices
- Health plans and payers (insurance companies)
- Large employers
- Medical schools, nursing schools, and other healthcare educational institutions
- Professional societies
- Hospitals
- Clinics
- Physicians and nurses
- All healthcare professionals interested in these new technologies
- Pharmaceutical companies
- Government agencies
- Consultants
- Patient advocate groups

Membership Application



First Name _____ Last Name _____ Credential _____ Title/Position _____

Organization/Company _____

Address _____

City _____ State _____ Zip/Postal Code _____

(Desk)Phone _____ Cell Phone _____

Email _____ Fax _____ Website _____

Company/Organization and Product/Service Description _____

We/I hereby apply for

- Corporate Membership**
 Annual revenues \geq \$3 million
Fee: \$9,500/year
 Annual revenues $<$ \$3 million
Fee: \$4,500/year
- Institutional Membership**
Fee: \$2,500/year
- Individual Membership**
Fee: \$500/year
- Student Membership**
Fee: \$50/year

Disclosure of Information Agreement

All publications, architecture, white papers, presentations, proposals, charts, functional and technical specifications, data, programs, software, hardware and other intellectual property or material disclosed, distributed, or otherwise made available to the mHealth Initiative Members and others by the Member in the course of any mHI Member activities or discussions shall be deemed to be nonconfidential. If it becomes necessary to exchange information considered by the disclosing party to be confidential, a written confidentiality agreement must be executed between the disclosing party and the receiving party, and it is the responsibility of the disclosing party to obtain such a written agreement.

By signing this agreement, my company is (or "I am" in the case of an individual or student member applicant) committed to the mHealth Initiative membership.

Signature of representative of corporate, or institutional applicant, or of individual or student member applicant

Signature _____ Date _____

Payment

Check Enclosed (Make payable to mHealth Initiative Inc.)

Credit Card Type _____ Cardholder Name _____

Visa, MasterCard and American Express

Credit Card Number _____ Expiration Date _____

Billing Address _____

City _____ State _____ Zip/Postal Code _____

Signature _____

mHealth Initiative Inc. Memberships are valid for one year, beginning in the month in which payment is received. mHealth Initiative Memberships are nonrefundable and nontransferable. Membership cannot be processed without payment. Submit this form with credit card or check payment. mHealth Initiative Inc. Federal tax ID#: 26-4000132

To pay by check, print this form and remit with full payment to: mHealth Initiative Inc., 398 Columbus Avenue, Suite 295, Boston MA 02116
For more information email us at membership@mhealthinitiative.org or call 617-331-4140