WellLink MEMBERSHIP APPLICATION

ACCOUNT INFORMATION

Legal Organization Name:
DBA Name (If applicable):
Address:
City: State: Zip:
Phone Number: Fax Number:
# of Employees: # of Locations:
Year Founded: Tax ID/ EIN:

Main Contact Name:
Title:
Email:
Contact's Phone Number:
Website URL:
Social Handles:

MEMBERSHIP TYPE

☐ Individual Hospital
☐ Health Systems | Please list number of hospitals
☐ Allied Health Organizations
☐ Education & Charitable Organizations
☐ Associate Members
☐ Individual Members

MEMBERSHIP INTENT & STRATEGIC ALIGNMENT

Primary Reason for Joining:

☐ Advocacy ☐ Education & Training ☐ Data & Analytics ☐ Solutions
☐ Networking ☐ Group Purchasing ☐ Community Health / SDoH ☐ Other

Top 3 Strategic Priorities for Your Organization:

☐ Financial Strength and Sustainability
☐ Workforce Recruitment, Retention, and Leadership Development
☐ Patient-Centered Care and Health Equity
☐ Regulatory Preparedness and Compliance
☐ Technology and Digital Transformation
☐ Operational Efficiency and Care Delivery Transformation
☐ Strategic Partnerships and Market Positioning
☐ Trust and Community Engagement
☐ Other

Key Challenges Your Organization Faces:

☐ Workforce Shortages and Burnout
☐ Financial Pressures
☐ Cybersecurity Threats
☐ Technology Integration and Interoperability
☐ Regulatory and Compliance Challenges
☐ Health Equity and Access
☐ Operational Inefficiencies
☐ Other

How Can WellLink Support Your Mission?

☐ Advocacy & Community Health
☐ Educational Opportunities Continuing Education
☐ Networking and Events
☐ Marketing & Communication
☐ Cost Savings and Operational Efficiency
☐ Innovation & Technology Solutions
☐ Business Strategy & Shared Services
☐ Other

Which programs and services are you interested in?

☐ WellLink Group Purchasing ☐ Jorie AI RCM solutions ☐ ecfirst cybersecurity defense

CONFIDENTIAL DISCLOSURE AGREEMENT

Both parties agree that they may participate in certain meetings. It is contemplated that in the course of such meetings, either party will have access to certain confidential information and that such information constitutes valuable, special and unique property. In consideration of the mutual benefits derived or that may be derived by each party as the result of attendance at such meetings, both parties hereby agree, covenant and warrant as follows:

1. Recognize and acknowledge that they will have access to certain confidential information including, but not limited to, business operations, customer relationships, financing, pricing and marketing data, and that such information constitutes valuable, special and unique property.

2. Agree to maintain the confidentiality of the program offerings and all program related materials, including, but not limited to, price information, contract terms and vendor lists, that they will not, for any reason or purpose whatsoever, disclose any such confidential information to any party external to WellLink and Associate Member without expressed authorization of either party to do so. This obligation shall survive termination of this Agreement. Upon such termination, Participant shall promptly return all materials to WellLink, and WellLink shall promptly return to Associate Member or destroy, all confidential information received.
3. WellLink and Associate Member further agree that it will not make use of, either directly or indirectly, for the benefit of any third party any such information in a manner that would be detrimental to WellLink or the Associate Member or its subsidiaries or affiliates.
4. Paragraphs 1 and 2 of this Statement shall be effective to the full extent permitted by law. Applicable Law. This Agreement shall be governed by Ohio law.

SIGNATURES

By signing this agreement you agree to the above membership Terms & Conditions and give consent to receiving communications from WellLink.

Member Signature: _____ **WellLink Representative Signature:** _____

Print Name: **Date:** **Print Name:** **Date:**

Title: **Title:**

PAYMENT INFORMATION

Billing Contact Name:

Company Name:

Address:

City: **State:** **Zip:**

Phone Number:

Email:

REMITTANCE INSTRUCTIONS

Please select the payment method you wish to use.
Questions regarding payment may be directed to Debora Curtis at **debora.curtis@MyWellLink.com**.

- ☐ PayPal (*We will send you a link/invoice to pay*)
- ☐ ACH (*Details on how to submit payment by ACH will be provided upon receipt of this sponsorship form*)
- ☐ Check (*Make payable to WellLink, Attn: Accounting Department*)

Membership Dues Amount and Information:

SUBMISSION

Please submit completed form to:
Daniel.LK@MyWellLink.com

FACILITY INFORMATION

Please provide contact information in the table below. If left blank, the default contact will be the primary contact listed on the first page.

Chief Executive Officer / President	Administrative / Executive Assistant	Chief Operating Officer
Full Name	Full Name	Full Name
Title	Title	Title
Organization Name	Organization Name	Organization Name
Address	Address	Address
City, State, Zip	City, State, Zip	City, State, Zip
Phone	Phone	Phone
Fax	Fax	Fax
Email	Email	Email

Chief Financial Officer	CIO/CTO/CISO	Chief/VP Marketing/Communications
Full Name	Full Name	Full Name
Title	Title	Title
Organization Name	Organization Name	Organization Name
Address	Address	Address
City, State, Zip	City, State, Zip	City, State, Zip
Phone	Phone	Phone
Fax	Fax	Fax
Email	Email	Email

CHRO/CPO or VP	Chief/VP of External Affairs	Chief/VP of Government Relations/ Advocacy
Full Name	Full Name	Full Name
Title	Title	Title
Organization Name	Organization Name	Organization Name
Address	Address	Address
City, State, Zip	City, State, Zip	City, State, Zip
Phone	Phone	Phone
Fax	Fax	Fax
Email	Email	Email

FACILITY INFORMATION

Please provide information below on each of your facilities.

Facility Name	Address	City	State	Zip