



NEW MEMBER DATA SHEET

THIS FORM MUST BE COMPLETED IN FULL

I. COMPANY INFORMATION

Company Name:	
Address:	
Telephone Number:	Fax Number:

II. COMPANY STATUS

Circle either :	Profit	Non-Profit
Number of Employees:		
Number of FTE'S:		
Number of Beds (where applicable):		

III. CONTACT INFORMATION

President/CEO/Executive Director Name:	Title:	
Telephone Number:	Fax Number:	Email Address:
Claims Contact:	Title:	
Telephone Number:	Fax Number:	Email Address:
Loss Control Contact:	Title:	
Telephone Number:	Fax Number:	Email Address:
Accounts Payable Contact:	Title:	
Telephone Number:	Fax Number:	Email Address:
Insurance Contact:	Title:	
Telephone Number:	Fax Number:	Email Address: