



Application for HERO Think Tank Membership

The Health Enhancement Research Organization (HERO) is a 501(c) 3 corporation. EIN 63-1141480

Company Information

Company/Organization Today's Date

Street Address City State Zip Code

Phone Email

Company URL

Company Description

Additional Information

The following is understood/agreed upon:

- The HERO Think Tank is supported by employers & selected stakeholders who have common interest in prevention and wellness as methods to enhance health, well-being, and work performance.
- The applying organization desires to become a HERO Think Tank Member
- Membership in the HERO Think Tank is open to organizations representing a variety of disciplines.
- The applicant is represented as the following:

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Employer | <input type="checkbox"/> Government Agency | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Consulting Firm | <input type="checkbox"/> Health Care Plan | <input type="checkbox"/> Non-Profit |
| <input type="checkbox"/> Employee Health Management Provider | <input type="checkbox"/> Health Care System | <input type="checkbox"/> University |

Think Tank Representative Information

First Name Last Name Cred. Title

Street Address City State Zip Code

Phone Email

Additional Think Tank Representative

First Name Last Name Cred. Title

Street Address City State Zip Code

Phone Email

Billing Information

- The annual fee to be a HERO Think Tank Member is \$5,000 per year
- May be paid as a single payment or in two \$2,500 payments at six-month intervals
- Memberships renew on an annual basis
- Invoices are sent via email to Billing Contact as well as the Main Think Tank Representative

Check All That Apply:

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Visa | <input type="checkbox"/> Master/Card | <input type="checkbox"/> American Express |
| <input type="checkbox"/> Check Enclosed | <input type="checkbox"/> Send Invoice | <input type="checkbox"/> Bi-Annual Payment Option |

Card Number Cardholder csc Expiration Date

Billing Address City State Zip Code

Phone Billing Email

Billing Department Contact

Submit application to angela.giedd@the-hero.org or FAX 952-831-0848
 HERO 7400 METRO BOULEVARD, SUITE 270, EDINA, MN 55439
 (952) 835-4257