About the Sponsored Membership Program:
A great way to provide ongoing support for your patients and keep them connected to their health is by participating in the OAC Sponsored Membership Program. The OAC’s Sponsored Membership Program is a unique way that you can keep your patients engaged in their care through giving them the gift of OAC Premium Access Membership at a discounted rate.

As the nation’s ONLY National non-profit organization dedicated to bringing together individuals affected by obesity, the OAC has a growing membership of more than 60,000 individuals nationwide who are engaged in education and advocacy initiatives to better the lives of individuals with obesity. By joining your patients in the OAC through Premium Access Membership, you will not only give them a place to turn for support, but you will also provide valuable benefits like access to quality ongoing education and a way for them to get connected to others who are facing the same successes and challenges.

Details about the Program:
Premium Access Membership is available to participants in the Sponsored Membership Program at a discounted rate. Discounts vary based on number of patients in which you commit to join (see chart for more information). This membership category is on an annual basis, however, this program does not require practices to purchase memberships after the first-year.

To comply with patient privacy laws, the OAC asks that practices allow the patient to join themselves (a customized form is supplied by the OAC), or disclose to your patients that OAC Premium Access Membership is included with your program. (If your practice chooses this route, you will want to offer a way for patients to “opt out.”)

How the Program Works
The program is easy to implement at your practice. We have designed this program to be as least time intensive on your staff as possible. Here is a look at how the program works:

1. Once you sign-up for the Sponsored Membership Program, we will ask you to designate a point-person from your office/staff to work with the OAC. This person is usually the office administrator, program coordinator or the person in charge of all patient paperwork.

2. The OAC will then provide the point-person a form customized to your practice that is to be given to each of your patients. This form is typically included in the informational packet given to patients along with their patient paperwork.

3. Once the patient completes the form, the form is then sent to the OAC, typically by the staff of the practice. Forms are generally sent together in a group approximately once a month, depending on the practice’s preference.

4. Once the OAC receives the batch of membership forms, they will be processed according to the practice’s preference. Some practices may opt to have a credit card on file that is to be charged each month, while others may choose to send in a check with all memberships each month. An invoice will always be provided once the memberships are processed.

5. It’s that simple!
Application

Company Contact Information:
Company: ________________________________
Point of Contact for Program: ____________
Contact Title: ____________________________
Address: ________________________________
City: ______________ State: ________
Zip: ________ Phone: ____________________
E-mail: ________________________________

Program Options
There are several options available to structure your program. Please select one of the following options:

- **Option 1:**
  Bill Monthly or Quarterly Using a Credit Card
  We would like to send in our patients’ membership applications:
  - Monthly
  - Quarterly
  We would like for you to keep our credit card on file and bill us at the end of the month. We would also like an invoice to be sent each month when the credit card is charged, detailing which patient memberships were charged.

- **Option 2:**
  Bill Monthly or Quarterly and Submit a Check
  We would like to send in our patients’ membership applications:
  - Monthly
  - Quarterly

- **Option 3:**
  Pre-pay for Memberships
  We would like to pre-pay for memberships. Memberships can be sent directly to the OAC on an ongoing basis. The initial payment can be received by check or credit card.

- **Option 4:**
  Create Your Own Program
  Create your own structure that meets your needs.
  Contact Lisa Gresco-White at (800) 717-3117 or lisa@obesityaction.org.

Pricing/Discount Selection (SELECT ONE):

- $10/patient 100 patients joined*
- $20/patient 50 patients joined*
- $15/patient No commitment to #

* Selecting these options entitle your practice to automatic membership in the OAC Chairman’s Council, which comes with a variety of exposure benefits.

Credit Card Authorization:
If you select an option that requires a credit card to be kept on file and charged, please complete the below credit card authorization information.

**Credit Card to Use:**
- Visa®
- MasterCard®
- Discover®
- Amex®

Credit Card #: ____________________________
Exp. Date: _______ Billing Zip: _______ CV Code: _______
Name on Card: ____________________________
Signature: ________________________________

Questions?
Contact Lisa Gresco-White at: (800) 717-3117 or lisa@obesityaction.org.

Return to: OAC
4511 North Himes Ave., Suite 250
Tampa, FL 33614
Or Fax to: (813) 873-7838