



Membership Pledge Form

I/We _____ pledge to join/renew
(individual/organization name)
 my/our membership with VCPI (Vermont Cooperative for Practice Improvement and Innovation) for FY '17 (July 1, 2016 – June 30, 2017).

I understand that VCPI will invoice me/my organization for the balance due for membership based on individual/organization dues structure as established by the Leadership Team based on individual/organizational size.

VCPI Membership Dues Structure FY2017 – Based on Organizational Budget Size

Foundational Members (State Agencies) \$10,000 - \$30,000	Large Organizations(Budget of \$15M - \$90M) \$2,500
Medium Organizations(Budget of \$5M-\$14.9M) \$1,500	Small Organizations (Budget of \$100k – \$4.9M) \$350
Individual Membership \$35	

I/We agree to make payment between July 1, 2016 and September 30, 2016 to become/remain a member in good standing for the FY '17 membership year and will be able to take advantage of all opportunities available to members during this time.

Authorized Signature

Date