



## Membership Opportunities

Becoming a Coalition Member is a unique opportunity to signal your commitment to increasing El Pasoans' access to health information, resources, and care.

Please select your membership plan from the options below.

Membership Level: Platinum	
Premium: <i>Highest level of participation</i>	
Member Contributions: <ul style="list-style-type: none"> <li>• Participates in coalition communications (e.g., calls, meetings, webinars)</li> <li>• Hosts/assists with at least three (3) enrollment events</li> <li>• Provides in-kind support</li> <li>• Promotes coalition and member events</li> <li>• Gathers local success stories</li> </ul>	Membership Benefits: <ul style="list-style-type: none"> <li>• Website presence (links to member's website)</li> <li>• Social media promotion</li> <li>• Name of organization in press releases</li> <li>• Four <i>Live United</i> t-shirts</li> </ul>
<i>Good choice if: your organization is <b>deeply committed</b> to investing in the community's health</i>	

Membership Level: Gold	
Premium: <i>Moderate level of participation</i>	
Member Contributions: <ul style="list-style-type: none"> <li>• Participates in of coalition communications (e.g., calls, meetings, webinars)</li> <li>• Hosts/assists with at least two (2) enrollment events</li> <li>• Provides in-kind support</li> <li>• Promotes coalition and member events</li> <li>• Gathers local success stories</li> </ul>	Membership Benefits: <ul style="list-style-type: none"> <li>• Website presence (links to member's website)</li> <li>• Social media promotion</li> <li>• Name of organization in press releases</li> <li>• Three <i>Live United</i> t-shirts</li> </ul>
<i>Good choice if: your organization is <b>committed</b> to investing in the community's health</i>	

Membership Level: Silver	
Premium: <i>Modest level of participation</i>	
Member Contributions: <ul style="list-style-type: none"> <li>• Participates in coalition communications (e.g., calls, meetings, webinars)</li> <li>• Hosts/assists with at least one (1) enrollment events</li> <li>• Provides in-kind support</li> <li>• Promotes coalition and member events</li> </ul>	Membership Benefits: <ul style="list-style-type: none"> <li>• Website presence (links to member's website)</li> <li>• Social media promotion</li> <li>• Name of organization in press releases</li> <li>• Two <i>Live United</i> t-shirts</li> </ul>
<i>Good choice if: your organization <b>supports</b> the importance of investing in the community's health</i>	

Membership Level: Bronze	
Premium: <i>Minimum level of participation</i>	
Member Contributions: <ul style="list-style-type: none"> <li>• Participates in coalition communications (e.g., calls, meetings, webinars)</li> <li>• Promotes coalition and member events</li> </ul>	Membership Benefits: <ul style="list-style-type: none"> <li>• Website presence (links to member's website)</li> <li>• Social media promotion</li> <li>• One <i>Live United</i> t-shirt</li> </ul>
<i>Good choice if: your organization <b>recognizes</b> the importance of investing in the community's health</i>	



### Commitment Pledge

Yes, my organization wishes to support the Enroll El Paso Coalition 2019 as a Member by enrolling in the following plan:

\_\_\_\_\_ Platinum  
 \_\_\_\_\_ Gold  
 \_\_\_\_\_ Silver  
 \_\_\_\_\_ Bronze

Based on your level of membership, please provide information on your expected enrollment events below.

*Platinum: 3 events*

*Gold: 2 events*

*Silver: 1 event*

Event #1	Event #2	Event #3

Please designate a primary contact for coalition communications below.

Name					
Title/Position					
Agency/Organization/Company					
Address					
City		State		Zip Code	
Email Address					
Phone Number					

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please include a brief (2-3 sentences) paragraph describing your health insurance enrollment services.


Note: please submit your organization’s logo (as a high-resolution image) with your commitment pledge.

Guidelines on collecting stories from consumers shall be provided in a separate document.

**Commitment Deadline:** Monday, October 22, 2018



Please submit your commitment  
pledge to:

Leah N. Diaz  
Health Access Coordinator  
915-533-2434, ext. 242  
[ldiaz@unitedwayelpaso.org](mailto:ldiaz@unitedwayelpaso.org)