

# Associate & Affiliate Memberships

**The Association of Washington Healthcare Plans (AWHP)** represents 11 health plans covering more than 5 million Washingtonians through employer-sponsored insurance, individual, small group, and large group commercial coverage.

As the statewide trade association for Washington's health insurance industry, AWHP advocates for quality, affordable care and works to ensure access to comprehensive health benefits for all Washington residents.

## Membership with AWHP offers unique opportunities to:

- ✓ Build relationships with Washington health plan leaders and industry decision-makers.
- ✓ Engage in dialogue on emerging health policy and regulatory priorities.
- ✓ Promote your solutions and services directly to the organizations shaping Washington's health care system.
- ✓ Gain visibility through recognition on AWHP's website and publications.
- ✓ Stay informed with periodic legislative and regulatory updates, research, and event opportunities.



Through policy, advocacy, and collaboration, AWHP serves as a hub for leaders across the health care sector.

## Our members include executives and professionals in:

- ✓ Executive Leadership (CEOs, COOs, CFOs)
- ✓ Medical Directors and Clinical Leaders
- ✓ Government Relations
- ✓ Network Management
- ✓ Health Equity & Behavioral Health
- ✓ Compliance, Member Services & Operations
- ✓ Sales, Marketing, & Community Engagement

## AWHP Health Plan Members



# Membership Benefits

|  | Health Plan Member | Associate Member | Affiliate Member |
|--|--------------------|------------------|------------------|
| Seat on AWHP Board of Directors                                | ✓                  |                  |                  |
| Eligibility to hold office or serve on committees              | ✓                  |                  |                  |
| Vote on Association policies & positions                       | ✓                  |                  |                  |
| Membership & voting rights on committees                       | ✓                  |                  |                  |
| Regular legislative & policy updates during session            | ✓                  | ✓                |                  |
| Attendance at informal networking opportunities                | ✓                  | ✓                |                  |
| Access to research, data, fact sheets, & AWHP policy materials | ✓                  | ADA*             |                  |
| Consultation with AWHP Executive Director, staff, & counsel    | ✓                  | ADA*             |                  |
| Annual Legislative Summary                                     | ✓                  | ✓                | ADA*             |
| Attendance at semi-annual Association meetings                 | ✓                  | ✓                | ✓                |
| Periodic legislative & regulatory updates                      | ✓                  | ✓                | ✓                |
| Recognition on AWHP website (with link)                        | ✓                  | ✓                | ✓                |
| Participation in quarterly policy meetings with AWHP staff     | ✓                  | ✓                | ✓                |
| Contribution to AWHP PAC                                       | ✓                  | ✓                | ✓                |
| Sponsorship opportunities at Association meetings              | ✓                  | ✓                | ✓                |
| Ability to submit articles/events for member updates           |                    | ✓                | ✓                |

**Note:** Associate and Affiliate members do not hold board seats or voting rights, but gain meaningful engagement through AWHP's events, updates, and communications.

\*ADA = As Deemed Appropriate.

## Membership Categories

### Associate Member

Organizations providing managed care or specialized health services.

**Eligibility:** Limited-service or single-service HMOs, vision health organizations, behavioral health organizations, dental managed care organizations, and pharmacy benefit managers.

### Affiliate Member

Organizations that support AWHP's mission and work with health plans.

**Eligibility:** Vendors, consultants, law firms, technology firms, and other companies serving the health care sector.

**All new member application submissions are subject to AWHP Board review and acceptance.**

Contributions or gifts to the Association of Washington Healthcare Plans (AWHP) are not deductible as charitable contributions. 25% of 2026 contributions to AWHP are projected to be devoted to Association lobbying efforts. Therefore, that portion is not tax deductible by the member for federal income tax purposes under any provision of the Internal Revenue Code. This represents the portion of your contributions used by the AWHP for the purpose of engaging in lobbying or political activities as defined in the IRC 162(e)(1).



Contact Kelly Tower at [kelly@awhpnw.org](mailto:kelly@awhpnw.org) for questions or further information.

# AWHP Membership Application

## How to Join

### Next Steps:

1. Complete membership application form.
2. Submit along with your company description and logo.
3. AWHP staff will follow up with confirmation and onboarding materials.
4. Membership is pending final approval by the AWHP Board of Directors.
5. Once the application is approved by the AWHP Board, an invoice will be sent. Membership benefits begin when payment is received.

### Notes:

- ✓ Memberships are for a calendar year and prorated if joining after June 30, 2026.
- ✓ All payments are final. No refunds, no credits, no exceptions.

Organization / Company Name: \_\_\_\_\_

Name of Primary Contact: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

Company Website: \_\_\_\_\_

### Please select a membership category:

Associate Member (\$20,000)  Health Plan Member  
 Affiliate Member (\$5,000) (Based on Enrollment)

### Other individuals to receive association correspondence and information:

1 Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

2 Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Nature / Scope of Business:

### How did you hear about AWHP?

Form Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

## Questions?

**Kelly Tower**  
Manager, Member Engagement

CALL OR TEXT  
206-992-5661

EMAIL  
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