Corporate Membership Guidance & Application Form

Corporate Membership: The World Hypertension League (WHL) is open to corporations that are commercially aligned with the prevention and control of hypertension and reductions in non-communicable disease. Corporate members will be provided an opportunity to discuss and have input into the WHL work plans and will receive periodic updates on noteworthy WHL activities. Annual corporate membership dues are set at

Platinum Level: $30,000 USD annually or $57,000 for 2 years; or $84,000 for 3 years; or $111,000 for 4 years; or $138,000 for five years. Annual dues for longer membership will be negotiated on an individual basis.

Gold level: $25,000 USD annually or $47,500 for 2 years; $70,000 for 3 years; $92,500 for 4 years, $115,000 for 5 years. Annual dues for longer membership will be negotiated on an individual basis.

Silver Level: $20,000 USD annually or $38,000 for 2 years; $56,000 for 3 years; $74,000 for 4 years; $92,000 for 5 years. Annual dues for longer membership will be negotiated on an individual basis.

All corporate memberships require annual approval of the WHL Executive. Commercial organizations that produce, promote or market tobacco, or salt for consumption are not eligible.

Benefits of Membership: **See Corporate Membership Brochure posted on the WHL website.** Corporate members may provide brief summaries of their hypertension efforts for potential posting on the WHL website and newsletter. These summaries will be seen by WHL Member Organizations and others worldwide and will showcase the corporate members' efforts. The corporation's logo and name, identifying them as a sponsor, and any success stories will appear in the WHL quarterly newsletter, the WHL website, and the World Hypertension Day Corporate Roster.

To Apply: Please provide the requested information in the space provided on the following form and print and email the form to whleague17@gmail.com

World Hypertension League Corporate Membership Form

I. Name and Contact information of the corporation to include the primary contact person. _____

Name of the Corporation: _____

Mailing Address:_____
_____

Primary Contact Person & Title: _____

Tel. No.: _____

E-mail Address: _____

II. Please Indicate your corporation's primary interests by checking the boxes below.

- o Low to Middle Income Populations
- o Surveys & Evaluation
- o Fact Sheet & Communications
- o World Hypertension Day Promotion
- o Pilot Projects/Knowledge Translation
- o Blood Pressure (BP) Devices
- o Increased BP Screening
- o Dietary Salt Reduction
- o Advocacy/Policies
- o Hypertension Therapies

Other: _____

III. Is there a particular geographic region, particular nation or specific population that is of high interest to your corporation? If so, please indicate below.
_____

IV. Please confirm that your corporation does not produce, promote, or market tobacco or salt for consumption.

I/we verify that _____
(print name of corporation) **Does Not** produce, promote, or market tobacco or salt for consumption.

Signed:_____

Printed Name & Title:_____

Date:_____

V. Please return completed Application Form by email to whleague17@gmail.com

Sincerely,

Prof. Gianfranco Parati, MD
President