



Member Agreement Form

We, the representing persons for _____ sites/locations from _____ agree to
NUMBER OF SITES FACILITY/ORGANIZATION/AGENCY/ENTITY NAME

participate in the Ventura County Health Care Coalition (VCHCC). By signing below, we agree to:

- comply with the objectives, roles, responsibilities and concept of operations set forth in the VCHCC Charter, Bylaws, and Preparedness & Response Plan.
- professional and proper usage of emergency management and information sharing platforms utilized by the VCHCC and its partners in disaster preparedness, response, and mitigation activities.
- ensure at least one representative at all four (4), quarterly VCHCC meetings within each calendar year.
- complete and submit the Member Agreement Packet, in-full. This packet includes the following components:
 - this Member Agreement Form¹;
 - one [Site Profile](#)² per each site listed in this Member Agreement Form; and
 - at least one [VCHCC Email Distribution Registration Form](#)³ for the organization listed above.
- review our member agreement packet and – if any changes of the information contained in the components have transpired – submit updates to the VCHCC coordinators by February 1st of each year.

The Member Agreement is considered valid upon submittal of all packet components. An Acknowledgement Letter will be sent to the below recorded email addresses of the Representative and Alternate.

Representative		
Name	Signature	Date
24/7 phone	Email	

Alternate		
Name	Signature	Date
24/7 phone	Email	

¹Submit via email to VCHCC@ventura.org

²Submit via: <https://survey123.arcgis.com/share/2960b37d61e64ef5b51aefee2f0cbea1>

³Submit via: <https://visitor.r20.constantcontact.com/d.jsp?llr=wjqztt5ab&p=oi&m=1132382175542&sit=ozkcfhnb&f=977c6116-d932-4390-9e6f-8a259eff4055>



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Please list all sites that you are representing for your organization in the spaces provided, below.

Site Name

The sites will be known and referenced by the VCHCC coordinators utilizing the manner in which they are recorded, below. Suggested Format: **[Organization Name] – [Site Distinguisher]**

Include the organization full name, using no acronyms followed by a characteristic that distinguishes each, respective site (example: Healthcare by the Sea – North Oxnard, Healthcare by the Sea – Ventura, Healthcare by the Sea – John Smith, Healthcare by the Sea – Jane Smith, Healthcare by the Sea – C Street, Healthcare by the Sea – 10th Street, etc.).

National Provider Identifier (NPI)

Please include each site’s NPI number; if the NPI number is the same for any sites, please copy and paste the number so as to leave no blank spaces. If a site does not have a NPI number, please indicate as much by typing “N/A” in the NPI space provided.

Please list all sites represented by this agreement.	
Site Name #1	National Provider Identifier (NPI) Number
Site Name #2	National Provider Identifier (NPI) Number
Site Name #3	National Provider Identifier (NPI) Number
Site Name #4	National Provider Identifier (NPI) Number
Site Name #5	National Provider Identifier (NPI) Number

Should the Representative and Alternate be representing more than five (5) sites, utilize the Additional Sites sections beginning on the next page.



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Additional Sites	
Site Name #6	National Provider Identifier (NPI) Number
Site Name #7	National Provider Identifier (NPI) Number
Site Name #8	National Provider Identifier (NPI) Number
Site Name #9	National Provider Identifier (NPI) Number
Site Name #10	National Provider Identifier (NPI) Number
Site Name #11	National Provider Identifier (NPI) Number
Site Name #12	National Provider Identifier (NPI) Number
Site Name #13	National Provider Identifier (NPI) Number
Site Name #14	National Provider Identifier (NPI) Number
Site Name #15	National Provider Identifier (NPI) Number



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Additional Sites	
Site Name #16	National Provider Identifier (NPI) Number
Site Name #17	National Provider Identifier (NPI) Number
Site Name #18	National Provider Identifier (NPI) Number
Site Name #19	National Provider Identifier (NPI) Number
Site Name #20	National Provider Identifier (NPI) Number
Site Name #21	National Provider Identifier (NPI) Number
Site Name #22	National Provider Identifier (NPI) Number
Site Name #23	National Provider Identifier (NPI) Number
Site Name #24	National Provider Identifier (NPI) Number
Site Name #25	National Provider Identifier (NPI) Number



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Additional Sites	
Site Name #26	National Provider Identifier (NPI) Number
Site Name #27	National Provider Identifier (NPI) Number
Site Name #28	National Provider Identifier (NPI) Number
Site Name #29	National Provider Identifier (NPI) Number
Site Name #30	National Provider Identifier (NPI) Number
Site Name #31	National Provider Identifier (NPI) Number
Site Name #32	National Provider Identifier (NPI) Number
Site Name #33	National Provider Identifier (NPI) Number
Site Name #34	National Provider Identifier (NPI) Number
Site Name #35	National Provider Identifier (NPI) Number