



## Statement of Chamber Membership

Chamber of Commerce Programs are not available in all areas.

Our company, \_\_\_\_\_, desires to receive the premium rate advantages available through the MemberCare Alliance<sup>SM</sup> Chamber of Commerce-sponsored program available in our area. By signing below, I do hereby confirm that our company is either currently a member in good standing with the \_\_\_\_\_ Chamber of Commerce, or will join a designated participating Chamber of Commerce within 30 days of our group's effective date of coverage.

I understand that the premium rate advantages made available through this program can be removed at my group's annual rate renewal if I fail to maintain membership in a participating Chamber of Commerce.

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

Broker Notice: For information on the availability of Chamber of Commerce-Sponsored Insurance Programs in your area, please contact a Blue Cross and Blue Shield of Georgia Group Sales Representative or Purchasing Alliance Solutions, Inc., at 800-782-8254.

*Blue Cross Blue Shield of Georgia is an independent licensee of the Blue Cross Blue Shield Association. MemberCare Alliance is a registered service mark of Purchasing Alliance Solutions, Inc.*