Accountable Food Is Medicine Alliance

Tiered Membership Dues Structure

July 2026

Proposed annual dues structure:

Annual Organizational Revenue	Annual Dues
Under $1 million	$500
$1 million to under $10 million	$1,000
$10 million or more	$7,500

Membership tier eligibility should be based on the organization's gross revenue for its most recently completed fiscal year.

Rationale for the Change

1. **Broadens the Alliance's expertise and credibility.** Farmers, food hubs, community-based organizations, and local Food Is Medicine providers bring practical experience in food production, distribution, cultural relevance, participant engagement, and program delivery. Their participation would ensure that Alliance policy positions and program standards reflect the full Food Is Medicine ecosystem—not only large health systems, health plans, and corporations.
2. **Removes a financial barrier without undervaluing membership.** The current $7,500 annual dues may be reasonable for large institutions but are prohibitive for many smaller organizations. A revenue-based structure preserves a meaningful financial commitment while making membership proportionate to each organization's capacity to pay.
3. **Strengthens AFIM's advocacy through a larger and more diverse constituency.** Policymakers are more likely to respond to an Alliance that represents major national institutions as well as farmers, rural organizations, food hubs, community providers, and locally operated programs. A broader membership provides a stronger geographic footprint, more compelling constituent stories, and greater credibility before Congress, CMS, USDA, and state governments.
4. **Improves the design and implementation of accountable programs.** Large health systems and health plans understand financing, clinical integration, data, reimbursement, and scale. Smaller organizations often bring expertise in food access, agriculture, local logistics, community trust, and participant retention. Combining these perspectives will help AFIM develop programs that are both financially accountable and operationally realistic.
5. **Creates a stronger pipeline for partnerships and growth.** Smaller organizations can become implementation partners for health systems, employers, health plans, and government demonstration projects. Expanding membership would connect purchasers and funders with organizations capable of delivering services locally, making the Alliance more valuable to all members—including its largest dues payers.

The central principle should be that dues determine the level of financial contribution and certain membership benefits—not the fundamental value of an organization's perspective. At the same time, organizations contributing $7,500 annually reasonably expect meaningful access,

visibility, and influence. AFIM can protect those expectations without creating a pay-to-vote governance model.

1. **Maintain "one organization, one vote" for general membership matters.** Formal voting rights should not be purchased. Giving large organizations additional votes could undermine AFIM's credibility as a coalition and discourage smaller organizations from participating. Each member organization should therefore receive one vote on matters submitted to the full membership.
2. **Protect balanced representation on the Board.** Board seats should be allocated among major membership constituencies, such as health systems and health plans; employers and corporate partners; Food Is Medicine program operators and community-based organizations; farmers, producers, and food hubs; and research, technology, and professional organizations. Large institutional members should retain substantial representation, but no single membership category should control the Alliance.
3. **Give higher-dues members enhanced benefits—not additional votes.** Organizations paying $7,500 could receive priority participation in policy and strategy committees, invitations to executive-level roundtables, greater visibility at Alliance events and on the AFIM website, early access to policy analyses and demonstration opportunities, and opportunities to chair committees or sponsor major initiatives. These benefits recognize their greater financial support without making governance pay-to-play.
4. **Require broad agreement for major policy decisions.** Changes to AFIM's mission, federal policy agenda, bylaws, dues structure, or major public positions could require a supermajority vote of the Board or membership. AFIM could also require support from more than one membership category. This would prevent either a sudden influx of smaller members or a small number of large corporations from redirecting the Alliance without broad consensus.
5. **Create a Large Institutional Member Council.** AFIM could establish an advisory council for health systems, insurers, employers, and other organizations paying the highest dues. The council could meet regularly with Alliance leadership, recommend priorities, and provide guidance on financing, scalability, clinical integration, data, and government policy. It would have a clearly defined and respected voice without possessing a veto over the broader membership.

Large organizations need credible, experienced local partners to implement Food Is Medicine programs. By bringing farmers, food hubs, and community-based organizations into AFIM, the Alliance becomes a more complete national network capable of moving from advocacy and program design to actual delivery.

> *"Large institutional members will remain central to the Alliance's leadership and strategy. Expanding membership will not diminish their voice; it will give them access to a broader network of community-based implementation partners and strengthen the Alliance's collective influence with policymakers, purchasers, and funders."*