



PRIMARY CONTACT INFORMATION

Name _____

Title _____

Company Name _____

Address _____

City _____

State/Province _____ Country _____ Zip _____

Email _____

Twitter _____ Fax _____

Office Phone _____ Mobile _____

Billing Contact Name _____

Billing Contact Title _____

Billing Contact Email _____

Billing Contact Phone Number _____

- Please contact me regarding AHP Partnership opportunities.
- I would prefer to not receive third party communications.

COMPANY PRIMARY BUSINESS *(check as many as apply)*

- | | | |
|--|--|---|
| <input type="checkbox"/> Accounting Solution Services / Software | <input type="checkbox"/> E-mail Outreach | <input type="checkbox"/> Marketing Software / Mobile Marketing / Online Marketing |
| <input type="checkbox"/> Alumni Survey | <input type="checkbox"/> Employment / Staffing | <input type="checkbox"/> Media / Public Relations |
| <input type="checkbox"/> Annual / Monthly Giving | <input type="checkbox"/> Employment Services | <input type="checkbox"/> Online Auctions |
| <input type="checkbox"/> Awards/Donor Recognition | <input type="checkbox"/> Event Management Software | <input type="checkbox"/> Online Journals |
| <input type="checkbox"/> Board and Staff Training | <input type="checkbox"/> Event Planning | <input type="checkbox"/> Patient Research |
| <input type="checkbox"/> Campaign Communications | <input type="checkbox"/> Executive Coaching | <input type="checkbox"/> Planned Giving Software / Websites |
| <input type="checkbox"/> Campaign Management | <input type="checkbox"/> Executive Search/ Recruiting | <input type="checkbox"/> Predictive Modeling |
| <input type="checkbox"/> Capital Campaigns | <input type="checkbox"/> Financials | <input type="checkbox"/> Prospect Data Analysis |
| <input type="checkbox"/> Cause Marketing | <input type="checkbox"/> Foundation Management | <input type="checkbox"/> Prospect Research |
| <input type="checkbox"/> Charitable Registration | <input type="checkbox"/> FundRaising & Management | <input type="checkbox"/> Publishing |
| <input type="checkbox"/> Computer Services | <input type="checkbox"/> FundRaising Software | <input type="checkbox"/> Relationship Management |
| <input type="checkbox"/> Conference Facilities | <input type="checkbox"/> Golf FundRaising Programs | <input type="checkbox"/> Retreat Facilitation |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Grant Writing Consultants | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Continuing Education | <input type="checkbox"/> Grateful Patient Programs | <input type="checkbox"/> Solicitor Training |
| <input type="checkbox"/> Corporate Philanthropy | <input type="checkbox"/> Individual Giving | <input type="checkbox"/> Solicitor Training Software |
| <input type="checkbox"/> Creative Services | <input type="checkbox"/> Interim Executive & Senior Staffing | <input type="checkbox"/> Speaker Services / Bureaus |
| <input type="checkbox"/> Custom Signage & Interiors | <input type="checkbox"/> Internet Services | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Database Management | <input type="checkbox"/> Investment Counseling | <input type="checkbox"/> Staff Recruiting |
| <input type="checkbox"/> Data Entry / Data mining | <input type="checkbox"/> Legal | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Data Processing | <input type="checkbox"/> List Broker | <input type="checkbox"/> Surveys and Polls |
| <input type="checkbox"/> Development Program Audits | <input type="checkbox"/> Management Consulting | <input type="checkbox"/> Technology & Software |
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Marketing & Communication | <input type="checkbox"/> Telephone Campaigns |
| <input type="checkbox"/> Direct Marketing Software | | <input type="checkbox"/> Video Services |
| <input type="checkbox"/> Donor / Alumni Software | | <input type="checkbox"/> Wealth Screening |
| <input type="checkbox"/> Donor Search / Survey | | <input type="checkbox"/> Web Site Development / Analytics |
| <input type="checkbox"/> Donor Recognition | | |
| <input type="checkbox"/> Donor Stewardship | | |

Affiliate Membership is for companies, organizations, or individuals who provide consulting or other specialty services to health care institutions or health-related organizations. The membership dues are based on the number of staff who should receive access to membership benefits. See dues chart below or contact AHP for information. Membership is for 12 months and begins the month after your application and dues are received.

Please fill out the application and return with payment to:

AHP Membership Services
313 Park Avenue, Suite 400
Falls Church, VA 22046

Find out more at

www.ahp.org

ANNUAL DUES (US)

- | | |
|--|---|
| <input type="checkbox"/> Up to 3—\$710 | <input type="checkbox"/> 10-11—\$1,764 |
| <input type="checkbox"/> 4-5—\$973 | <input type="checkbox"/> 12 or more—\$1,896 |
| <input type="checkbox"/> 6-7—\$1,237 | <input type="checkbox"/> + \$132 per additional |
| <input type="checkbox"/> 8-9—\$1,500 | |

VOLUNTARY CONTRIBUTIONS (US)

Your gift makes a difference. Support the AHP Foundation today! Visit www.ahp.org to learn more about these scholarships. AHP Foundation scholarships help deserving members attend an AHP conference. Give back to the profession by making a contribution today!

- | | |
|-------------------------------|--------------------------------------|
| <input type="checkbox"/> \$25 | <input type="checkbox"/> \$100 |
| <input type="checkbox"/> \$50 | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> \$75 | |

METHOD OF PAYMENT

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Check/Money Order
<i>(Payable to AHP)</i> | <input type="checkbox"/> Mastercard |
| | <input type="checkbox"/> AmEx |
| <input type="checkbox"/> Visa | |

Account Number _____

Exp. Date (MM/YY) _____

Signature _____

Date _____

For your convenience, payment for membership dues may be made to AHP by mail, phone, fax, or through AHP's website. Please note that AHP cannot control the handling of payment information sent to AHP by way of mail or email. AHP will not be responsible for any damages or loss incurred by you if you choose to send payment information (including, without limitation, credit card information) to AHP by way of mail or email. You therefore accept sole responsibility for any damage or loss resulting from your use of such communication methods. Please review our Privacy Policy found at http://www.ahp.org/Home/Home/Privacy_Policy/Home/Privacy_Policy.aspx for a summary of our practices related to the collection and use of personal information.

MEMBERSHIP ROSTER

Contact Information

Name _____

Title _____

Email _____

Twitter _____ Phone _____

I would prefer to not receive third party communications.

Personal Demographics

Date of Birth (MM/DD/YYYY) ___/___/___ Sex: Male Female

Primary responsibilities include (check as many as apply)

- Account Management
- Advertising Sales
- Business Development
- Corporate Management
- Customer Service
- Data and Analytics
- Events Management
- Industry Research
- Marketing and Communications
- Sales Administration
- Systems Administration
- Other _____

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