



## CONTACT INFORMATION

Name \_\_\_\_\_

Title \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Twitter \_\_\_\_\_ Fax \_\_\_\_\_

Office Phone \_\_\_\_\_ Mobile \_\_\_\_\_

I would prefer to not receive third party communications.

## PERSONAL DEMOGRAPHICS

Year Born \_\_\_\_\_ Sex:  Male  Female

Year started career in development (i.e. 1995) \_\_\_\_\_

Year started career in health care development (i.e. 1995) \_\_\_\_\_

### Primary responsibilities include (check as many as apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Annual Gifts      | <input type="checkbox"/> Foundations/Corporations | <input type="checkbox"/> Planned Giving |
| <input type="checkbox"/> Capital Campaigns | <input type="checkbox"/> Major Gifts              | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Communications    | <input type="checkbox"/> Marketing                | <input type="checkbox"/> Other _____    |
| <input type="checkbox"/> Direct Mail       |   |   |

### Primary Role (Select the primary role that best describes you. Select ONLY ONE.)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Administrative Assistant  | <input type="checkbox"/> Development Coordinator | <input type="checkbox"/> Major Gifts Officer    |
| <input type="checkbox"/> Annual Giving Officer     | <input type="checkbox"/> Development Officer     | <input type="checkbox"/> Planned Giving Officer |
| <input type="checkbox"/> Campaign Officer          | <input type="checkbox"/> Director of Development | <input type="checkbox"/> President/CEO          |
| <input type="checkbox"/> Chief Development Officer | <input type="checkbox"/> Donor Relations         | <input type="checkbox"/> Prospect Researcher    |
| <input type="checkbox"/> Chief Financial Officer   | <input type="checkbox"/> Coordinator             | <input type="checkbox"/> Special Events Officer |
| <input type="checkbox"/> Chief Operating Officer   | <input type="checkbox"/> Executive Director      | <input type="checkbox"/> Vice President         |
| <input type="checkbox"/> Database Manager          | <input type="checkbox"/> Grant Writer            | <input type="checkbox"/> Other _____            |

## INSTITUTIONAL DEMOGRAPHICS

Name of Healthcare/Hospital System (if applicable) \_\_\_\_\_

Chief Executive Officer \_\_\_\_\_

Institutional Web Address \_\_\_\_\_

Number of Beds \_\_\_\_\_  Not Applicable

Service Population (estimate) \_\_\_\_\_

### Geography

- |                                       |                                   |                                   |
|---------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Local        | <input type="checkbox"/> Rural    | <input type="checkbox"/> State    |
| <input type="checkbox"/> Metropolitan | <input type="checkbox"/> Regional | <input type="checkbox"/> National |

### Program Size

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> Small    | <input type="checkbox"/> Large            |
| <input type="checkbox"/> Mid-size | <input type="checkbox"/> Regional Network |

### Healthcare Facility Type

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Children's Hospital | <input type="checkbox"/> Long Term Care              | <input type="checkbox"/> System            |
| <input type="checkbox"/> Community Hospital  | <input type="checkbox"/> Med. School                 | <input type="checkbox"/> Teaching          |
| <input type="checkbox"/> Community Med. Ctr. | <input type="checkbox"/> Nursing/Retirement Home     | <input type="checkbox"/> Tertiary Hospital |
| <input type="checkbox"/> Government          | <input type="checkbox"/> Psychiatric                 | <input type="checkbox"/> University Based  |
| <input type="checkbox"/> Hospice             | <input type="checkbox"/> Safety Net/ Public Hospital | <input type="checkbox"/> VNA               |

Individual Membership is available to individuals who are directly involved in fundraising and/or who are employed by any voluntary not-for-profit or government health care organization or institution. Membership is for 12 or 24 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

or apply online at  
[www.ahp.org](http://www.ahp.org)

### ANNUAL DUES (US)

- 12 Months—\$498  24 Months—\$996

### VOLUNTARY CONTRIBUTIONS (US)

Your gift makes a difference. Support the AHP Foundation today! Visit [www.ahp.org](http://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 | <input type="checkbox"/> Mastercard |
| <i>(Payable to AHP)</i>                    |                                     |
| <input type="checkbox"/> Visa              | <input type="checkbox"/> AmEx       |

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](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.