

## 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 3rd party communications.

## COMPANY PRIMARY BUSINESS

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

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 at

**313 Park Avenue, Suite 400  
Falls Church, VA 22046**

**Fax:** 703-532-7170

or find out more at  
**[www.ahp.org/membership](http://www.ahp.org/membership)**

### ANNUAL DUES

- |  |   |
|--|---|
| <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   | + \$132 per additional                      |
| <input type="checkbox"/> 8-9—\$1,500   |   |

*\*If less than 3 direct staff, please contact [membership@ahp.org](mailto:membership@ahp.org)*

### VOLUNTARY CONTRIBUTIONS

Your gift makes a difference. Support the AHP

Annual Fund 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<br><small>(Payable to AHP)</small> | <input type="checkbox"/> Mastercard |
| <input type="checkbox"/> Visa   | <input type="checkbox"/> AmEx       |

Account Number \_\_\_\_\_

Exp. Date (MM/YY) \_\_\_\_\_ CVC: \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

For your convenience, payment for membership dues or benchmarking payments 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.

## MEMBERSHIP ROSTER

### Contact Information

Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

Twitter \_\_\_\_\_ Phone \_\_\_\_\_

I would prefer to not receive 3rd party communications.

### Personal Demographics\*

Year Born (MM/DD/YYYY) \_\_\_\_\_ Sex:  Male  Female

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

- |   |   |
|---|---|
| <input type="checkbox"/> Account Management   | <input type="checkbox"/> Events Management            |
| <input type="checkbox"/> Advertising Sales    | <input type="checkbox"/> Industry Research            |
| <input type="checkbox"/> Business Development | <input type="checkbox"/> Marketing and Communications |
| <input type="checkbox"/> Corporate Management | <input type="checkbox"/> Sales Administration         |
| <input type="checkbox"/> Customer Service     | <input type="checkbox"/> Systems Administration       |
| <input type="checkbox"/> Data and Analytics   | <input type="checkbox"/> Other _____                  |

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