

Please fill out the application and return with payment to

AHP Membership Services
313 Park Avenue, Suite 400
Falls Church, VA 22046
 or Fax: **703-532-7170**

Find out more at
www.ahp.org/membership

PRIMARY CONTACT INFORMATION

Name _____
 Title _____
 Company Name _____
 Address _____
 City _____ State/Province _____ Zip _____
 Country _____
 Email _____
 Twitter _____ Fax _____
 Office Phone _____ Mobile _____
 Billing Contact Name _____
 Billing Contact Title _____
 Billing Contact Email _____
 Billing Contact Phone Number _____

I would prefer to not receive 3rd party communications.

INSTITUTIONAL DEMOGRAPHICS

Name of Healthcare/Hospital System *(if applicable)* _____
 Chief Executive Officer _____
 Institutional Web Address _____
 Number of Beds _____ Not Applicable
 Number of Development Staff: _____
 Service Population *(estimate)* _____
 What is your fiscal year end _____

Geography

- Local Rural State
 Metropolitan Regional National

Program Size

- Small Large
 Mid-size Regional Network

Healthcare Facility Type

- Children's Hospital Long Term Care System
 Community Hospital Med. School Teaching
 Community Med. Ctr. Nursing/Retirement Home Tertiary Hospital
 Government Psychiatric University Based
 Hospice Safety Net/Public Hospital VNA

Institutional Membership is for any voluntary, not-for-profit, or governmental health care organization or institution. The membership dues are based on the number of development professionals (Min of 2) on your membership roster. Only those on the membership roster with AHP receive member benefits and access. Contact Membership for prorated dues information and to see what level of membership works best for your organization. Membership is for 12 months and begins the month after your application and dues are received.

ANNUAL DUES

Number of Members	Dues Per Person
<input type="checkbox"/> 2 - 12	\$478.00
<input type="checkbox"/> 13 - 24	\$443.00
<input type="checkbox"/> 25 - 48	\$408.00
<input type="checkbox"/> 49 - 96	\$373.00
<input type="checkbox"/> 97 - 192	\$338.00
<input type="checkbox"/> 193 and Up	\$303.00
Larger Development Staff?	Contact AHP Membership!

Staff _____ X _____ Dues per person

Total Dues _____

Ex: (#Staff 4 X \$478 Dues per person = \$1,912)

VOLUNTARY CONTRIBUTIONS

Your gift makes a difference. Support the AHP Annual Fund today!

- \$25 \$100
 \$50 Other _____
 \$75

METHOD OF PAYMENT

- Check/Money Order Mastercard
(Payable to AHP) AmEx
 Visa

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 for a summary of our practices related to the collection and use of personal information.

INSTITUTIONAL MEMBERSHIP ROSTER

Contact Information

Name _____

Title _____

Email _____

Twitter _____ Phone _____

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Personal Demographics*

Year Born (MM/DD/YYYY) _____ 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 1.)

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

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