

**Join AHP now & receive 25% off your first year of membership!**

Please fill out the application and return with payment to

**Offer Ends March 2, 2018**

**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](http://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 (2 person minimum)**

Number of Members	Dues Per Person
<input type="checkbox"/> 2 - 12	<del>\$478.00</del> <b>\$358.50</b>
<input type="checkbox"/> 13 - 24	<del>\$443.00</del> <b>\$332.25</b>
<input type="checkbox"/> 25 - 48	<del>\$408.00</del> <b>\$306.00</b>
<input type="checkbox"/> 49 - 96	<del>\$373.00</del> <b>\$279.75</b>
<input type="checkbox"/> 97 - 192	<del>\$338.00</del> <b>\$253.50</b>
<input type="checkbox"/> 193 and Up	<del>\$303.00</del> <b>\$227.25</b>
<b>Larger Development Staff?</b>	<b>Contact AHP Membership!</b>

# 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](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 \_\_\_\_\_

I would prefer to not receive 3rd party communications.

### 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/<br>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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