



NEW JERSEY HOSPITAL ASSOCIATION

760 Alexander Road ■ PO Box 1 ■ Princeton, NJ 08543-0001

EDUCATIONAL INSTITUTION MEMBERSHIP APPLICATION

This institution meets the criteria at right and hereby applies for membership:

This institution hereby applies for membership in the New Jersey Hospital Association and submits the following data for consideration.

Name of Institution _____

Name of Dean/Program Director _____

Address _____

Phone _____ Fax _____ e-mail _____

Web-site Address _____

TYPE OF PROGRAM (PLEASE CHECK ALL THAT APPLY):

- Vocational/Technical
- Diploma
- Associate Degree
- Baccalaureate Degree
- Graduate Degree
- Post Graduate Degree

PLEASE DESCRIBE BRIEFLY THE ACTIVITIES OF YOUR ORGANIZATION AND ATTACH ANY PERTINENT INFORMATION REGARDING SPECIFIC HEALTHCARE RELATED OR PUBLIC ADMINISTRATION PROGRAMS

Name/Title (Print or Type) _____ Date of Application _____

Signature _____

PLEASE COMPLETE AND SIGN THIS APPLICATION AND RETURN, ALONG WITH DUES PAYMENT.

Please contact Member Services at 609-275-4051 if you require additional information.

CRITERIA:

- Educational Institution members are facilities and schools that offer nursing, allied health, medical, public health education and public administration programs that provide vocational/technical, diploma, associate, baccalaureate, graduate or post graduate degree or certificate courses.
- Benefits extend to one designated individual (ie Dean or Program Director). Select benefits apply to other employees.

ANNUAL DUES:

- \$1250

The New Jersey Hospital Association may, at the sole discretion of the Board of Trustees, grant, deny, or withhold membership from any organization.

EDUCATIONAL INSTITUTION MEMBERSHIP APPLICATION

Upon approval as an NJHA Educational Institution member by the New Jersey Hospital Association Board of Trustees and remittance of membership dues, this institution will receive the following benefits and services (benefits extend to one designated individual; select benefits apply to employees):

EDUCATIONAL AND INFORMATIONAL RESOURCES*

- Access to NJHA staff for lectures and presentations
- Ongoing communications including: NJHA *NewsLink Today*, *NJHA Annual Report* and select special interest publications
- Access to select data
- Member discount on HRET Continuing Education programs
- Listing in and access to the NJHA Online *Member Directory*
- Access to the NJHA Library for self-conducted, on-site research

REPRESENTATION/PARTICIPATION*

- Eligibility for participation in select member forums and constituency groups
- Invitation to NJHA Annual Meeting

OTHER

- Eligible to participate in NJHA Healthcare Business Solutions programs
- Eligible for promotional discounts on NJHA Conference and Event Center meeting rooms

* Select access to NJHA resources, publications and participation as determined by NJHA

PLEASE COMPLETE AND SIGN THIS APPLICATION AND RETURN ALONG WITH DUES PAYMENT TO:

MEMBER SERVICES

NEW JERSEY HOSPITAL ASSOCIATION

PO Box 828776

Philadelphia, PA 19182-8776

Faxed applications will only be accepted with credit card information. Please fax to 609-275-8158.

PAYMENT INFORMATION

All applications must be accompanied by check or credit card information.

Check (payable to NJHA) enclosed for \$ _____

Credit Card

Visa MasterCard AmericanExpress

NAME ON CARD

CARD NUMBER

EXPIRATION DATE

SIGNATURE

FOR NJHA USE

DATE APPROVED BY BOARD: _____ ANNUAL DUES AMOUNT: _____