



BUSINESS MEMBERSHIP APPLICATION

The following organization hereby applies for Business membership in the New Jersey Hospital Association and submits the following data for consideration:

Organization _____

Full Address _____

Telephone _____ Fax _____ Website _____

Name of President/Primary Contact Title _____

E-mail Address _____

Check if tax exempt organization (Please supply copy of tax-exempt certificate)

■ Please attach detailed information regarding the organization's primary service (ie consulting, legal firm, medical supplies) including the organization's mission and vision statement. Include how your products/services enhance the provision of high quality patient care and a commitment to communities by member hospitals.

■ Business members shall provide at least two written references (three preferred) from NJHA member hospital or health system executives. Please attach written references.

■ Explain your interest in becoming an NJHA business member and how you perceive this will benefit your organization.

■ How do you perceive the relative alignment between your organization and NJHA based upon your review of NJHA's mission and vision statements?

Business membership in NJHA shall not constitute an endorsement of an organization's products and/or services by NJHA. The New Jersey Hospital Association may, at the sole discretion of the Board of Trustees, grant , deny, or withhold membership from any organization.

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

Signature of Individual Completing Application _____

Title _____ Date _____

CRITERIA:

To qualify for Business membership, this organization meets the following criteria:

- Business members shall be organizations that do not provide healthcare services, and do not directly compete with NJHA.
- Business members demonstrate an interest in and alignment with NJHA's mission and vision; serve and/or support NJHA member hospitals and health systems through services and/or products that enhance high quality patient care and a commitment to communities.

ANNUAL DUES:

(Please select one):

- Not for Profit: \$3,500
- For Profit: \$7,000
- HMO, Healthcare Insurer: \$14,000

BUSINESS MEMBERSHIP BENEFITS

Upon approval as a Business member by the New Jersey Hospital Association Board of Trustees and remittance of membership dues, benefits are as follows and extend to one designated individual per member. Select benefits apply to business member employees:

PARTICIPATION IN MEMBER EVENTS & NETWORKING

- Invitation to key NJHA events including the Best at the Beach awards celebration each summer at the Jersey Shore and the NJHA Annual Meeting held virtually each January
- Attendance at additional member programs, conferences, webinars and other events throughout the year
- Member discounts to NJHA Education offerings, offered live and on-demand
- Priority consideration to serve as faculty or sponsor of appropriate NJHA educational programs and seminars

ACCESS TO INFORMATION & RESOURCES

- Daily news and information updates including:
 - ♦ NewsLink Today, a digital newsletter that reaches 4,000 healthcare leaders daily
 - ♦ News-clip service that curates the day's top healthcare news
- Five complimentary banner ads in NewsLink Today, reserved exclusively for NJHA Business Members and Strategic Partners. (Some content restrictions apply)

- Opportunity to access NJHA subject matter experts and staff for non-proprietary information and resources
- Eligible to participate in select money-saving NJHA Healthcare Business Solutions programs

RECOGNITION

- Listing of your business on the NJHA website, including a link to your website
- Ability to reference NJHA membership status in your promotional materials (not to include use of NJHA logo)

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

PAYMENT INFORMATION

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

- Check (payable to NJHA) enclosed for \$ _____
- Credit Card – If paying with credit card please fax to 609-275-8158. Faxed applications will only be accepted with credit card information.

Visa MasterCard AmericanExpress

Name on Card

Card Number

Expiration Date

CIV

Signature

FOR NJHA USE

DATE APPROVED BY BOARD: _____ ANNUAL DUES AMOUNT: _____