



AFFILIATE MEMBERSHIP APPLICATION

This organization meets the criteria at right and hereby applies for membership:
This organization hereby applies for affiliate membership in the New Jersey Hospital Association and submits the following data for consideration:

Name of Organization _____

CEO/Head of Institution/Title _____

Address _____ Web Site Address _____

Phone _____ Fax _____ e-mail _____

TYPE OF ORGANIZATION

- Single organization/facility
- Multi-facility organization _____ Number of facilities in New Jersey

Description of Organization/Facility (Please attach copy of most recent audited financial statement).

New Jersey Beds: _____ Total Beds: _____

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

If seeking membership as multi facility organization, please attach a list of all new jersey member network facilities with information as follows:

Name of Facility _____

CEO/Head of Institution _____

Address _____ Web Site Address _____

Phone _____ Fax _____ e-mail _____

Number of Beds _____

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

Signature _____

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

CRITERIA:

- Affiliate members are freestanding, non-hospital direct health-care provider organizations. (If affiliate members belong to a network of healthcare providers, membership benefits are for the exclusive use of the organization holding affiliate membership; the other members of the network may also join NJHA, in their respective membership category.)
- Benefits extend to all designated employees.

ANNUAL DUES:

- Single organization/facility: \$3,500
- Multi-facility organization: \$3,500 for 1st facility, \$650 for each additional facility.

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

AFFILIATE MEMBERSHIP BENEFITS

Upon approval as a affiliate member by the New Jersey Hospital Association Board of Trustees and remittance of membership dues, this organization will receive the following benefits and services:(benefits extend to all designated employees):

REPRESENTATION AND PARTICIPATION

- Eligibility for appointment to Board of Trustees' standing committees, ad hoc task forces and special committees
- Eligibility for participation in member forums and constituency groups
- Invitation to NJHA Annual Meeting

ADVOCACY*

- Advocacy on select issues that complement and are consistent with NJHA policy and core member initiatives/activities
- Legislative and regulatory analysis
- Access to staff for information, resources and presentations

EDUCATION AND INFORMATION*

- Member discount on continuing education programs
- Ongoing communications including: NJHA *Newslink Today* and NJHA's web site including members-only sections.
- Complimentary copy of other periodic publications such as the *Financial Status of New Jersey Hospitals* and *Directory of State and Federal Legislators*.
- Listing in and access to the NJHA online *Member Directory*

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 and publications 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

CVV

Signature

FOR NJHA USE

DATE APPROVED BY BOARD: _____ ANNUAL DUES AMOUNT: _____