



ALLIED MEMBERSHIP APPLICATION

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

Name of Organization		
Name of President/Title		
Date/Year Term Expires		
Address		
Phone	Fax	e-mail
Organization Web Site		
Year Organization Formed	Number of Members	

PLEASE CHECK ALL THAT APPLY:

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Our members are individuals involved in the healthcare discipline the organization represents <input type="checkbox"/> This organization's policies and positions generally compliment those of NJHA <input type="checkbox"/> This organization is not unduly influenced or directed by other organizations <input type="checkbox"/> This organization is financially self sufficient | <ul style="list-style-type: none"> <input type="checkbox"/> This organization is not a subgroup of a statewide body, nor is membership restricted on a geographical basis <input type="checkbox"/> This organization provides continuing education of its members <input type="checkbox"/> This organization does not engage in collective bargaining activity <input type="checkbox"/> Please describe briefly the activities of your organization (including purpose, services provided, to whom they are provided). Please attach any information regarding the Organization (brochure, etc.) |
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How do you perceive the relative alignment between your organization and NJHA based upon your review of NJHA's mission and vision statements?

Please indicate the reason the organization is seeking Allied Membership.

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

Please complete, sign and return this application along with dues payment, a copy of the organization's by-laws, most recent membership list and board listing with contact information.

CRITERIA:

- Allied members are formally structured, healthcare-related personal membership groups, whose members are providing accessible, affordable and quality healthcare to the communities they serve.
- Benefits extend exclusively to the president of the Allied member.

ANNUAL DUES:

- \$400
- Allied membership may not be used in any way that represents or implies endorsement by the Association, or that establishes a competitive advantage for the allied member over other organizations.

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

ALLIED MEMBERSHIP BENEFITS

Upon acceptance as an NJHA allied member, this organization recognizes the following relationship with NJHA: The New Jersey Hospital Association (NJHA) recognizes this organization as a resource in issues related to its purpose and area of expertise.

This organization's policies and positions should complement the New Jersey Hospital Association's. To ensure a coordinated voice for New Jersey hospitals, this organization recognizes the New Jersey Hospital Association as the primary spokesman for statewide hospital issues and policy. In the event that a policy or position is in conflict with that of the New Jersey Hospital Association, this organization and NJHA will pursue a mutually satisfactory resolution through discussion with an appropriate working group of NJHA. Recognizing it will not always be possible for all policies and positions of this organization and the New Jersey Hospital Association to be in total accord, every effort will be made to reach a mutually satisfactory resolution.

Upon approval as an NJHA allied member by the New Jersey Hospital Association Board of Trustees and remittance of membership dues, this organization will receive the following benefits and services (Member benefits extend exclusively to the President of the Allied member):

REPRESENTATION/PARTICIPATION

- Eligibility for appointment to Board of Trustees' standing committees, ad hoc task forces and special committees
- Invitation to NJHA Annual Meeting
- NJHA designated staff person to serve as administrative liaison between the association and the Allied Member
- Participation in special meetings for the allied leadership

ADVOCACY*

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

EDUCATION AND INFORMATION SERVICES*

- Member discount on continuing education programs
- Ongoing communications including NJHA *Newslink Today*.
- Organization listing on NJHA website
- Access to the NJHA online *Member Directory*

OTHER

- Member discount on NJHA Conference and Event Center meeting rooms
- Eligibility for administrative services on a fee-for-service basis

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

**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: _____