Institutional Membership

Please fill out the application and return with payment to

AHP Membership Services
2511 Jefferson Davis Hwy, Suite 810
Arlington, VA 22202
or Fax: **703-532-7170**

Find out more at
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

Number of Members	Dues Per Person
☐ 2 - 12	$478.00
☐ 13 - 24	$443.00
☐ 25 - 48	$408.00
☐ 49 - 96	$373.00
☐ 97 - 192	$338.00
☐ 193 and Up	$303.00
Larger Development Staff?	**Contact AHP Membership!**

 # Staff_____ X _____ Dues per person

TotalDues 0

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 *(Payable to AHP)* ☐ Mastercard ☐ 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 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)*

☐ Annual Gifts
☐ Capital Campaigns
☐ Communications
☐ Direct Mail
☐ Foundations/ Corporations
☐ Major Gifts
☐ Marketing
☐ Planned Giving
☐ Special Events
☐ Other__________

Primary Role *(Select the primary role that best describes you. Select ONLY 1.)*

☐ Administrative Assistant
☐ Annual Giving Officer
☐ Campaign Officer
☐ Chief Development Officer
☐ Chief Financial Officer
☐ Chief Operating Officer
☐ Database Manager
☐ Development Coordinator
☐ Development Officer
☐ Director of Development
☐ Donor Relations Coordinator
☐ Executive Director
☐ Grant Writer
☐ Major Gifts Officer
☐ Planned Giving Officer
☐ President/CEO
☐ Prospect Researcher
☐ Special Events Officer
☐ Vice President
☐ Other __________

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)*

☐ Annual Gifts
☐ Capital Campaigns
☐ Communications
☐ Direct Mail
☐ Foundations/ Corporations
☐ Major Gifts
☐ Marketing
☐ Planned Giving
☐ Special Events
☐ Other__________

Primary Role *(Select the primary role that best describes you. Select ONLY 1.)*

☐ Administrative Assistant
☐ Annual Giving Officer
☐ Campaign Officer
☐ Chief Development Officer
☐ Chief Financial Officer
☐ Chief Operating Officer
☐ Database Manager
☐ Development Coordinator
☐ Development Officer
☐ Director of Development
☐ Donor Relations Coordinator
☐ Executive Director
☐ Grant Writer
☐ Major Gifts Officer
☐ Planned Giving Officer
☐ President/CEO
☐ Prospect Researcher
☐ Special Events Officer
☐ Vice President
☐ Other __________

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)*

☐ Annual Gifts
☐ Capital Campaigns
☐ Communications
☐ Direct Mail
☐ Foundations/ Corporations
☐ Major Gifts
☐ Marketing
☐ Planned Giving
☐ Special Events
☐ Other__________

Primary Role *(Select the primary role that best describes you. Select ONLY 1.)*

☐ Administrative Assistant
☐ Annual Giving Officer
☐ Campaign Officer
☐ Chief Development Officer
☐ Chief Financial Officer
☐ Chief Operating Officer
☐ Database Manager
☐ Development Coordinator
☐ Development Officer
☐ Director of Development
☐ Donor Relations Coordinator
☐ Executive Director
☐ Grant Writer
☐ Major Gifts Officer
☐ Planned Giving Officer
☐ President/CEO
☐ Prospect Researcher
☐ Special Events Officer
☐ Vice President
☐ Other __________

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)*

☐ Annual Gifts
☐ Capital Campaigns
☐ Communications
☐ Direct Mail
☐ Foundations/ Corporations
☐ Major Gifts
☐ Marketing
☐ Planned Giving
☐ Special Events
☐ Other__________

Primary Role *(Select the primary role that best describes you. Select ONLY 1.)*

☐ Administrative Assistant
☐ Annual Giving Officer
☐ Campaign Officer
☐ Chief Development Officer
☐ Chief Financial Officer
☐ Chief Operating Officer
☐ Database Manager
☐ Development Coordinator
☐ Development Officer
☐ Director of Development
☐ Donor Relations Coordinator
☐ Executive Director
☐ Grant Writer
☐ Major Gifts Officer
☐ Planned Giving Officer
☐ President/CEO
☐ Prospect Researcher
☐ Special Events Officer
☐ Vice President
☐ Other __________