Individual Membership

CONTACT INFORMATION

Name _____

Title _____

Organization Name _____

Company Name _____

Address _____

City _____

State/Province _____ Country _____ Zip _____

Email _____

LinkedIn _____ Fax _____

Office Phone _____ Mobile _____

Personal Email _____

PERSONAL DEMOGRAPHICS

Year Born _____ Sex: ☐ Male ☐ Female

Year began in philanthropy *(i.e. 1995)* _____

Year started career in health care development *(i.e. 1995)* _____

Interest Areas include *(check as many as apply)*

- ☐ Annual Gifts
- ☐ Capital Campaigns
- ☐ Communications
- ☐ Operation
- ☐ Foundations/Corporations
- ☐ Major Gifts
- ☐ Marketing
- ☐ Executive Leadership
- ☐ Planned Giving
- ☐ Special Events
- ☐ Other _____

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

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

Individual Membership is available to individuals who are directly involved in fundraising and/or who are employed by any voluntary not-for-profit or government health care organization or institution. Membership is for 12 or 24 months and begins the month after your application and dues are received.

Please fill out the application and return with payment to:

AHP Membership Services
2511 Jefferson Davis Hwy, Suite 810
Arlington, VA 2202
or apply online at
www.ahp.org/join

ANNUAL DUES (US)

- ☐ 12 Months—$498
- ☐ 24 Months—$956 **join for two years and save!*

METHOD OF PAYMENT

- ☐ Visa
- ☐ Mastercard
- ☐ AmEx
- ☐ Check/Money Order *(Payable to AHP)*

Credit Card Number:

_____

Exp. Date *(MM/YY):* _____ cvc: _____

Name on Card: _____

Signature: _____

Date: _____

For your convenience, payment for membership dues 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 www.ahp.org/privacy-policy for a summary of our practices related to the collection and use of personal information. Individual membership cannot be transferred or refunded.