



Join. Network. Learn. Succeed.

2017 Membership

January 1, 2017 – December 31, 2017

Membership Application

Apply/renew online at [www.neahp.org](http://www.neahp.org), or complete the Membership Application below.

Mr.  Mrs.  Ms.  Dr. **Credentials:**  CFRE  FAHP  Other(s) \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Application Type:**  New  Renewal

**Are you a member of the Association for Healthcare Philanthropy (AHP)?**  Yes  No

**Type of organization:**  
 Academic Medical Center  Community Hospital  Specialty Hospital  
 Affiliated Health Organization  Hospice  Resource Provider  
 Long-Term Care Facility  Visiting Nurse Association  
 Other: \_\_\_\_\_

**Area(s) of expertise to share with other members:**

Accreditation  Direct Mail  Major Gifts  Recognition  
 Annual Giving  Donor Relations  Management  Small Shop  
 Board Development  Employee Giving  Membership  Special Events  
 Capital Campaigns  Gov't Relations  Physician Giving  Volunteer Groups  
 Consultant  Grants  Planned Giving  Other: \_\_\_\_\_  
 Corporate Giving  Information Systems  Prospect Research  
 Database Mgmt  Internet Fundraising  Public Relations

**Annual Dues**

Dues: \$125.00

Scholarship Donation\*: \$ \_\_\_\_\_

**Amount Due:** \$ \_\_\_\_\_

**Who is Paying for Your Dues?**

I am paying personally.  
 My organization is paying.\*\*

\* Scholarship donations are for the NEAHP Scott C. Fithian Scholarship fund. Scholarships are awarded to deserving recipients; covering NEAHP Conference registration costs as well as associated hotel fees.  
\*\* Memberships paid by the Organization remain with the Organization.

**Method of Payment**

I am enclosing a check payable to:  
*New England Association for Healthcare Philanthropy*  
 Please charge my credit card the Amount Due.  
 Amex  Discover  MasterCard  Visa

\_\_\_\_\_

Card Number / \_\_\_\_\_  
Expiration Date 3- or 4-digit Security Code

\_\_\_\_\_

\_\_\_\_\_

**Send Applications To** NEAHP, 465 Waverley Oaks Road, Suite 421, Waltham, MA 02452  
Phone: (781) 205-9400 Fax: (781) 647-7222 Email: [info@neahp.org](mailto:info@neahp.org)