



Join. Network. Learn. Succeed.

2024 Membership

January 1, 2024 – December 31, 2024

Membership Application

Apply/renew online at WWW.NEAHP.ORG by check or credit card 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:

Personal/Alternative Email:

Application Type: New Renewal

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

Type of organization: Community Hospital Specialty Hospital Academic Medical Center Hospice Resource Provider Affiliated Health Organization 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 \$150.00

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

Name on Card

Billing Address (No., Street, City, State, Zip)

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