



Join. Network. Learn. Succeed.

2019 Membership

January 1, 2019 – December 31, 2019

Membership Application

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

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 _____

Name on Card _____

Billing Address _____

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