



# BUSINESS MEMBERSHIP APPLICATION

The following organization hereby applies for Business membership in the New Jersey Hospital Association and submits the following data for consideration:

Organization

Full Address

Telephone Fax Website

Name of President/Primary Contact Title

E-mail Address

Check if tax exempt organization (Please supply copy of tax-exempt certificate)

■ Please attach detailed information regarding the organization's primary service (ie consulting, legal firm, medical supplies) including the organization's mission and vision statement. Include how your products/services enhance the provision of high quality patient care and a commitment to communities by member hospitals.

■ Business members shall provide at least two written references (three preferred) from NJHA member hospital or health system executives. Please attach written references.

■ Explain your interest in becoming an NJHA business member and how you perceive this will benefit your organization.

\_\_\_\_\_

■ How do you perceive the relative alignment between your organization and NJHA based upon your review of NJHA's mission and vision statements?

\_\_\_\_\_

Business membership in NJHA shall not constitute an endorsement of an organization's products and/or services by NJHA. The New Jersey Hospital Association may, at the sole discretion of the Board of Trustees, grant , deny, or withhold membership from any organization.

Please contact Member Services at 609-275-4051 if you require additional information.

Signature of Individual Completing Application

Title Date

### CRITERIA:

To qualify for Business membership, this organization meets the following criteria:

- Business members shall be organizations that do not provide healthcare services, and do not directly compete with NJHA.
- Business members demonstrate an interest in and alignment with NJHA's mission and vision; serve and/or support NJHA member hospitals and health systems through services and/or products that enhance high quality patient care and a commitment to communities.

### ANNUAL DUES:

(Please select one):

- Not for Profit: \$3,500
- For Profit: \$7,000
- HMO, Healthcare Insurer: \$14,000

# BUSINESS MEMBERSHIP BENEFITS

*Upon approval as a Business member by the New Jersey Hospital Association Board of Trustees and remittance of membership dues, benefits are as follows and extend to one designated individual per member. Select benefits apply to business member employees:*

## PARTICIPATION IN MEMBER EVENTS & NETWORKING

- Invitation for designated individual to attend NJHA Annual Meeting
- Priority opportunity to sponsor NJHA Annual Meeting NJHA/HRET Golf Outing, member forums and other events
- Invitation to attend continuing education programs at discounted member rate
- Priority consideration to serve as faculty or sponsor of appropriate NJHA educational programs and seminars

## ACCESS TO INFORMATION & RESOURCES

- Invitation to annual Issues Briefing exclusively for business members by NJHA CEO
- Complimentary copy of communications including:
  - ◆ NewsLink Today
  - ◆ Directory of State & Federal Legislators
  - ◆ Financial Status of NJ Hospitals
  - ◆ News-clip service via email

- Limited access to staff for non-proprietary information and resources
- Access to the online *NJHA Member Directory*
- Member discount on NJHA's state-of-the-art Conference and Event Center and meeting rooms
- Five complimentary banner ads in *Newslink Today*. Exclusive right to purchase additional banner ads (some content restrictions apply).
- Member discount on advertising rates for other NJHA publications
- Eligible to participate in select money saving NJHA Healthcare Business Solutions programs

## RECOGNITION

- Listing of your business in the *NJHA Member Directory* on the NJHA website (includes a convenient link to your website)
- Ability to reference NJHA membership status in your promotional materials (not to include use of NJHA logo)

## PLEASE COMPLETE AND SIGN THIS APPLICATION AND RETURN ALONG WITH DUES PAYMENT TO:

### MEMBER SERVICES

New Jersey Hospital Association  
PO Box 828776  
Philadelphia, PA 19182-8776

## PAYMENT INFORMATION

All applications must be accompanied by check or credit card information.

Check (payable to NJHA) enclosed for \$ \_\_\_\_\_

Credit Card – If paying with credit card please fax to 609-275-8158. Faxed applications will only be accepted with credit card information.

Visa       MasterCard       AmericanExpress

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
CVV

\_\_\_\_\_  
Signature

## FOR NJHA USE

DATE APPROVED BY BOARD: \_\_\_\_\_ ANNUAL DUES AMOUNT: \_\_\_\_\_