



NJHA EDUCATIONAL INSTITUTION MEMBERSHIP APPLICATION

This institution meets the criteria at right and hereby applies for membership:

This institution hereby applies for membership in the New Jersey Hospital Association and submits the following data for consideration:

Name of Institution

Address

County Telephone Fax

Web Site Address

Head of Institution Title

Telephone Fax E-mail

TYPE OF PROGRAM:

- Tier One Tier Two

Description of Institution, including number of students, affiliations, and offered programs:

Describe your organization's current interaction with NJHA core members and how NJHA membership might further organizational goals of training quality healthcare professionals who practice in New Jersey:

Name/Title (Print or Type) Date of Application

Signature

Please complete and sign this application and return along with dues payment. Please contact Member Services at 609-275-4051 if you require additional information.

CRITERIA:

Educational institution members are New Jersey educational institutions providing associate, baccalaureate, graduate, and other health education course-work.

Benefits extend to all components of the educational institution; select benefits apply to those employees identified by the educational institution member.

ANNUAL DUES:

TIER ONE

New Jersey-based institutions offering graduate programs required to become a doctor of medicine (M.D.) or a doctor of osteopathic medicine (D.O.):

\$18,000



TIER TWO

Other institutions offering nursing, allied health, public health education and public administration programs that provide vocational/technical, diploma, associate, baccalaureate, graduate, or post graduate degree or certificate courses:

\$1,250

The New Jersey Hospital Association may, at the sole discretion of the Board of Trustees, grant, deny, or withhold Membership from any organization.

NJHA EDUCATIONAL INSTITUTION MEMBERSHIP APPLICATION

Upon approval as an NJHA Educational Institution member by the New Jersey Hospital Association Board of Trustees and remittance of membership dues, this institution will receive the following benefits and services (benefits extend to one designated individual; select benefits apply to employees):

REPRESENTATION/PARTICIPATION

- Eligible for appointment to the NJHA Board of Trustees' standing committees, ad hoc task forces and special councils and committees (Tier One Only)
- Designated NJHA staff member to serve as executive liaison (Tier One Only)
- Consideration to serve as faculty or sponsor of appropriate NJHA educational programs and seminars (Tier One Only)
- Eligibility for participation in member forums and constituency groups (*)
- Invitation to NJHA Annual Meeting

EDUCATIONAL AND INFORMATIONAL RESOURCES*

- Access to NJHA staff for lectures and presentations
- Ongoing communications including NJHA *Newslink Today* and select special interest publications
- Access to select data
- Member discount on continuing education programs
- Access to the NJHA on-line *Member Directory*

OTHER

- Eligible to participate in NJHA Healthcare Business Solutions programs
- Eligible for promotional discounts on NJHA Conference and Event Center meeting rooms

**Select access to NJHA resources, publications, and participation as determined by NJHA*

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.

Check (payable to NJHA) enclosed for \$ _____

FOR NJHA USE

DATE APPROVED BY BOARD: _____ ANNUAL DUES AMOUNT: _____