



ASSOCIATION FOR **HEALTHCARE
ADMINISTRATIVE
PROFESSIONALS**

AHCAP MEMBERSHIP APPLICATION

AHCAP is the only national organization dedicated to administrative professionals who support our nation's leaders in the healthcare industry. Our mission is to develop "leaders supporting leaders" through education, communication, peer networking, service, and advocacy.

Name _____ Credentials _____

Position/Title _____

Company _____

Business Address _____

City _____ State _____ Zip _____

Work Phone _____ Ext. _____

Email _____

Home Address (optional) _____

City _____ State _____ Zip _____

Email _____

I prefer to have my mail sent to my: Work Home Address

Your Immediate Supervisor's Name: _____ Title: _____

Email: _____ Phone: _____

How did you hear about AHCAP?

- Friend/colleague Supervisor Social Media (FB or LI)
 Internet search Mailing Other (please specify) _____

If referred by a member, enter their name: _____

If you received a promotional mailing, enter the mailing code: _____

General Members: To help us identify and attract corporate/vendor sponsors, please complete below to characterize your involvement in or influence on the following activities:

- | | | |
|---|---|--|
| <input type="checkbox"/> Joint Commission certification | <input type="checkbox"/> Meeting planning | <input type="checkbox"/> Travel planning |
| <input type="checkbox"/> Board/committee support | <input type="checkbox"/> Finance/budget development | <input type="checkbox"/> Staff training |
| <input type="checkbox"/> Staff recognition programs | <input type="checkbox"/> Purchasing of goods/services | <input type="checkbox"/> Human resources |
| <input type="checkbox"/> Customer service | <input type="checkbox"/> Community involvement | <input type="checkbox"/> Technological support |
| <input type="checkbox"/> Continuous quality improvement | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Physician relations |
| <input type="checkbox"/> State hospital association | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

I manage a budget of: Up to \$50,000 \$50,000 - \$100,000 \$100,000 - \$250,000
 \$250,000 - \$500,000 \$500,000 - \$1,000,000 Over \$1,000,000

I manage a staff of: _____

Please check the three member benefits of most interest to you:

- | | | |
|--|---|---|
| <input type="checkbox"/> Annual conference | <input type="checkbox"/> cHAP certification | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Peer networking | <input type="checkbox"/> Recognition and awards | <input type="checkbox"/> Leadership development |
| <input type="checkbox"/> Industry news and resources | <input type="checkbox"/> Webinars | <input type="checkbox"/> Other |
- I would like more information on serving on an AHCAP committee.
 I would like more information about starting an AHCAP chapter.

Membership Types & Rates

REGULAR MEMBERSHIP – \$195 ANNUALLY

For professionals who provide administrative support to executives and senior management in healthcare organizations such as hospitals, healthcare systems, associations, health plans, and any other organization with healthcare as their primary mission. Active members may hold committee and leadership positions.

ASSOCIATE MEMBERSHIP – \$325 ANNUALLY

For individuals and companies that support healthcare administrators or provide products or services to the healthcare industry at large. Associate members may be appointed to committees but may not hold leadership positions.

RETIRED MEMBERSHIP – \$25 ANNUALLY

For professionals who previously held a General Membership but no longer qualify due to retirement from their qualifying position. Retired members be appointed to committees but may not hold leadership positions.

All memberships are active for one year from the effective join date and must be renewed annually.

Payment

Enclosed is my annual dues payment in the amount of \$ _____

Check/Money Order Please charge my: Visa Mastercard American Express Discover
(made payable to AHCAP)

Credit Card # _____ Expiration Date _____

Name as it Appears on Card _____

Signature of Cardholder _____

Mail or fax your completed application and payment to:



326 E. Main St. ■ Louisville, KY 40202
ahcap@hqtrs.com ■ www.ahcap.org
Phone: (502) 574-9040 ■ Toll-Free: (888) 320-0808

Associate Members

For sponsorship opportunities,
please visit website www.ahcap.com