

CORE MEMBERSHIP APPLICATION

Upon approval as a core member by the New Jersey Hospital Association Board of Trustees and remittance of membership dues, this hospital/system will receive the following benefits and services:

REPRESENTATION/PARTICIPATION

- Voting privileges
- Eligibility for nomination to Board of Trustees
- Eligibility for appointment to Board of Trustees' standing committees, ad hoc task forces and special councils and committees
- Policy-making through participation in membership meetings, forums and constituency groups
- Invitation to and participation in annual and other membership meetings
- Eligibility for participation in NJHA awards programs, grants, primary research and information technology development

ADVOCACY

- Legislative and regulatory review
- Issues management (including formal and informal activities such as networking development, coalition building, liaison with external groups)
- Legal representation on behalf of membership
- Lobbying efforts on behalf of the membership
- Representation on external agency and governmental boards, committees and task forces
- Strategic/crisis media communications
- Industry financial and reimbursement modeling

EDUCATION AND INFORMATION SERVICES

- Continuing education programs (special member rates)
- Databases (including NJHA authored or published)
- Data and information services (including surveys, data collection/reporting, select mailing lists)
- Ongoing communications via : NJHA *NewsLink Today*, NJHA's world wide web site including members-only section, *NJHA Annual Report*, special interest publications, manuals and reports
- Library collections and research services including on-site access
- Access to staff for informal consulting, information and professional knowledge and expertise
- Access to association staff for speaking engagements and presentations
- Access to NJHA Online *Member Directory*
- Educational calendar listing educational sessions targeting a variety of healthcare professionals
- Variety of educational tools from audio to manuals developed through the Trustee Institute

CONTRACT/FEE FOR SERVICES

- NJHA Corporate Services programs and refunds including but not limited to Insurance & Retirement Services, Group Purchasing, Unemployment Claims Management, Information Services, Customized Financial and Reimbursement Modeling
- Healthcare Employees Federal Credit Union
- Conference Planning Services (*special member rates*)
- Conference center meeting rooms (*special member rates*)

FOR NJHA USE

DATE APPROVED BY BOARD: _____ ANNUAL DUES AMOUNT: _____



NEW JERSEY HOSPITAL ASSOCIATION

760 Alexander Road ■ PO Box 1 ■ Princeton, NJ 08543-0001

AFFILIATE MEMBERSHIP APPLICATION

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

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

Name of Organization _____

CEO/Head of Institution/Title _____

Address _____ Web Site Address _____

Phone _____ Fax _____ e-mail _____

TYPE OF ORGANIZATION

Single organization/facility

Multi-facility organization _____ Number of facilities in New Jersey

Description of Organization/Facility *(Please attach copy of most recent audited financial statement).*

New Jersey Beds: _____ Total Beds: _____

IF SEEKING MEMBERSHIP AS MULTI FACILITY ORGANIZATION, PLEASE ATTACH A LIST OF ALL NEW JERSEY MEMBER NETWORK FACILITIES WITH INFORMATION AS FOLLOWS:

Name of Facility _____

CEO/Head of Institution _____

Address _____ Web Site Address _____

Phone _____ Fax _____ e-mail _____

Number of Beds _____

Name/Title (Print or Type) _____ Date of Application _____

Signature _____

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

CRITERIA:

■ Affiliate members are free-standing, non-hospital direct healthcare provider organizations. (If affiliate members belong to a network of healthcare providers, membership benefits are for the exclusive use of the organization holding affiliate membership; the other members of the network may also join NJHA, in their respective membership category.)

■ Benefits extend to all designated employees.

ANNUAL DUES:

Single organization/facility:
\$3250

Multi-facility organization:
\$3250 for 1st facility, \$600 for each additional facility.

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

OVER ▶

NJHA AFFILIATE MEMBERSHIP APPLICATION

Upon approval as an affiliate member by the New Jersey Hospital Association Board of Trustees and remittance of membership dues, this organization will receive the following benefits and services (benefits extend to all designated employees):

REPRESENTATION AND PARTICIPATION

- Eligibility for appointment to Board of Trustees' standing committees, ad hoc task forces and special committees
- Eligibility for participation in member forums and constituency groups
- Invitation to NJHA Annual Meeting

ADVOCACY*

- Advocacy on select issues that complement and are consistent with NJHA policy and core member initiatives/activities
- Legislative and regulatory analysis
- Access to staff for information, resources and presentations

EDUCATION AND INFORMATION*

- Member discount on HRET Continuing Education programs
- Ongoing communications including: *NJHA Newslink Today*, NJHA's worldwide web site including members-only section(s) and *NJHA Annual Report*.
- Complimentary copy of other periodic publications such as *HIPAA Quarterly Update* upon request
- Access to the NJHA Library for self-conducted, on-site research
- Listing in and access to the NJHA Online *Member Directory*

OTHER

- Eligible to participate in NJHA Corporate Services programs
- Eligible for promotional discounts on NJHA Conference Center meeting rooms

*Select access to NJHA resources and publications 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

Faxed applications will only be accepted with credit card information. Please fax to 609-275-8158.

PAYMENT INFORMATION

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

Check (payable to NJHA) enclosed for \$ _____

Credit Card

Visa MasterCard AmericanExpress

NAME ON CARD

CARD NUMBER

EXPIRATION DATE

SIGNATURE

FOR NJHA USE

DATE APPROVED BY BOARD: _____ ANNUAL DUES AMOUNT: _____



NEW JERSEY HOSPITAL ASSOCIATION

760 Alexander Road ■ PO Box 1 ■ Princeton, NJ 08543-0001

ALLIED MEMBERSHIP APPLICATION

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

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

Name of Organization _____

Name of President/Title _____

Date/Year Term Expires _____

Address _____

Phone _____ Fax _____ e-mail _____

Organization Web Site _____

Year Organization Formed _____ Number of Members _____

PLEASE CHECK ALL THAT APPLY:

- Our members are individuals involved in the healthcare discipline the organization represents
- This organization's policies and positions generally compliment those of NJHA
- This organization is not unduly influenced or directed by other organizations
- This organization is not a subgroup of a statewide body, nor is membership restricted on a geographical basis
- This organization provides continuing education of its members
- This organization is financially self sufficient
- This organization does not engage in collective bargaining activity

PLEASE DESCRIBE BRIEFLY THE ACTIVITIES OF YOUR ORGANIZATION (including purpose, services provided, to whom they are provided). PLEASE ATTACH ANY INFORMATION REGARDING THE ORGANIZATION (BROCHURE, ETC.)

PLEASE INDICATE THE REASON THE ORGANIZATION IS SEEKING ALLIED MEMBERSHIP.

Name/Title (Print or Type)

Date of Application

Signature

PLEASE COMPLETE, SIGN AND RETURN THIS APPLICATION ALONG WITH DUES PAYMENT, A COPY OF THE ORGANIZATION'S BY-LAWS, MOST RECENT MEMBERSHIP LIST AND BOARD LISTING WITH CONTACT INFORMATION.

CRITERIA:

- Allied members are formally structured, healthcare-related personal membership groups, whose members are providing accessible, affordable and quality healthcare to the communities they serve.
- Benefits extend exclusively to the president of the Allied member.

ANNUAL DUES:

- \$400
- Allied membership may not be used in any way that represents or implies endorsement by the Association, or that establishes a competitive advantage for the allied member over other organizations.

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

OVER ▶

ALLIED MEMBERSHIP APPLICATION

Upon acceptance as an NJHA allied member, this organization recognizes the following relationship with NJHA:

The New Jersey Hospital Association (NJHA) recognizes this organization as a resource in issues related to its purpose and area of expertise.

This organization's policies and positions should complement the New Jersey Hospital Association's. To ensure a coordinated voice for New Jersey hospitals, this organization recognizes the New Jersey Hospital Association as the primary spokesman for statewide hospital issues and policy. In the event that a policy or position is in conflict with that of the New Jersey Hospital Association, this organization and NJHA will pursue a mutually satisfactory resolution through discussion with an appropriate working group of NJHA. Recognizing it will not always be possible for all policies and positions of this organization and the New Jersey Hospital Association to be in total accord, every effort will be made to reach a mutually satisfactory resolution.

Upon approval as an NJHA allied member by the New Jersey Hospital Association Board of Trustees and remittance of membership dues, this organization will receive the following benefits and services (Member benefits extend exclusively to the President of the Allied member):

REPRESENTATION/PARTICIPATION

- Eligibility for appointment to Board of Trustees' standing committees, ad hoc task forces and special committees
- Invitation to NJHA Annual Meeting
- NJHA designated staff person to serve as administrative liaison between the association and the Allied Member
- Participation in special meetings for the allied leadership

ADVOCACY*

- Advocacy on select issues that complement and are consistent with NJHA policy and core member initiatives/activities
- Access to staff for information, resources and presentations

EDUCATION AND INFORMATION SERVICES*

- Member discount on HRET Continuing Education programs
- Ongoing communications including: *NJHA Newslink Today*, and *NJHA Annual Report*.
- Access to the NJHA Library for self-conducted, on-site research
- Organization listing on NJHA website
- Access to the NJHA Online *Member Directory*

OTHER

- Member discount on NJHA Conference Center meeting rooms
- Eligibility for administrative services on a fee-for-service basis

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

*Select access to NJHA resources and publications 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

Faxed applications will only be accepted with credit card information. Please fax to 609-275-8158.

PAYMENT INFORMATION

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

Check (payable to NJHA) enclosed for \$ _____

Credit Card

Visa MasterCard AmericanExpress

NAME ON CARD

CARD NUMBER

EXPIRATION DATE

SIGNATURE

FOR NJHA USE

DATE APPROVED BY BOARD: _____ ANNUAL DUES AMOUNT: _____



NEW JERSEY HOSPITAL ASSOCIATION
760 Alexander Road ■ Princeton, NJ 08543

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 _____ FACSIMILE _____ 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

OVER ►

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 HRET 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*
 - *Annual Report*
 - *Disaster Preparedness Newsletter*
 - *Managed Care Update*
 - *Directory of State & Federal Legislators*
 - *Financial Status of NJ Hospitals*

□ *Shaping Healthier Tomorrows*

□ News-clip service via email

- Limited access to staff for non-proprietary information and resources
- Access to Members Only on-line NJHA Member *Directory*
- Member discount on NJHA's state-of-the-art Conference Center and meeting rooms
- Two 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
- Access to the NJHA Library for self-conducted, on-site research
- Eligible to participate in select money saving NJHA Corporate Services 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

SIGNATURE

FOR NJHA USE

DATE APPROVED BY BOARD: _____

ANNUAL DUES AMOUNT: _____



NEW JERSEY HOSPITAL ASSOCIATION

760 Alexander Road ■ PO Box 1 ■ Princeton, NJ 08543-0001

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 _____

Name of Dean/Program Director _____

Address _____

Phone _____ Fax _____ e-mail _____

Web-site Address _____

TYPE OF PROGRAM (PLEASE CHECK ALL THAT APPLY):

- Vocational/Technical
- Diploma
- Associate Degree
- Baccalaureate Degree
- Graduate Degree
- Post Graduate Degree

PLEASE DESCRIBE BRIEFLY THE ACTIVITIES OF YOUR ORGANIZATION AND ATTACH ANY PERTINENT INFORMATION REGARDING SPECIFIC HEALTHCARE RELATED OR PUBLIC ADMINISTRATION PROGRAMS

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 facilities and schools that offer nursing, allied health, medical, public health education and public administration programs that provide vocational/technical, diploma, associate, baccalaureate, graduate or post graduate degree or certificate courses.
- Benefits extend to one designated individual (ie Dean or Program Director). Select benefits apply to other employees.

ANNUAL DUES:

- \$1250

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

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):

EDUCATIONAL AND INFORMATIONAL RESOURCES*

- Access to NJHA staff for lectures and presentations
- Ongoing communications including: *NJHA NewsLink Today*, *NJHA Annual Report* and select special interest publications
- Access to select data
- Member discount on HRET Continuing Education programs
- Listing in and access to the NJHA Online *Member Directory*
- Access to the NJHA Library for self-conducted, on-site research

REPRESENTATION/PARTICIPATION*

- Eligibility for participation in select member forums and constituency groups
- Invitation to NJHA Annual Meeting

OTHER

- Eligible to participate in NJHA Corporate Services programs
- Eligible for promotional discounts on NJHA Conference 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

Faxed applications will only be accepted with credit card information. Please fax to 609-275-8158.

PAYMENT INFORMATION

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

Check (payable to NJHA) enclosed for \$ _____

Credit Card

Visa MasterCard AmericanExpress

NAME ON CARD

CARD NUMBER

EXPIRATION DATE

SIGNATURE

FOR NJHA USE

DATE APPROVED BY BOARD: _____ ANNUAL DUES AMOUNT: _____



NEW JERSEY HOSPITAL ASSOCIATION

PERSONAL MEMBERSHIP APPLICATION

This individual meets the criteria* and hereby applies for membership:

This individual hereby applies for Personal Membership in the New Jersey Hospital Association and submits the following data for consideration:

Please print or type information

Name: _____
(Last Name) (First Name) (Middle Name)

Address: _____

Phone: _____ Fax: _____

Email Address: _____

Employer Name: _____

Employer Address: _____

Employer Phone: _____ Fax: _____

Employer Website: _____

Occupation: _____

Name (Print or Type)

Signature *Date*

Please make check payable to **New Jersey Hospital Association** and mail along with completed application to:

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

Please contact the Healthcare Employees Federal Credit Union at (609) 951-0700 if you require additional information or email us at hefcu@hefcu.com.

***CRITERIA:**

- This category includes individuals, who may not necessarily be involved in healthcare, but who are interested in and support NJHA's vision and mission and their current employer does not participate in the Healthcare Employees Federal Credit Union.
- Personal members are individuals who are interested solely in accessing the services offered by the Healthcare Employees Federal Credit Union (HEFCU) and are ineligible to participate in HEFCU under any other membership class.
- Benefits extend to one designated individual.

COST

- \$15.00 (for one-time dues)
Non-refundable

The New Jersey Hospital Association may, at its sole discretion, grant, deny, or withhold membership from any individual.