



## Affiliate Membership Application

Organization Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Website: \_\_\_\_\_

### Primary Contact Person (for Membership)

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Assistant: \_\_\_\_\_

### Chief Executive Officer (optional)

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Assistant: \_\_\_\_\_

Describe your organization's activities: \_\_\_\_\_  
\_\_\_\_\_

### Select your Type of Membership:

Platinum  \$9,450  
Gold  \$4,950

Silver  \$2,500

Join Date: \_\_\_\_\_  
Dues Amount: \_\_\_\_\_

### Method of Dues Payment:

Check Enclosed  Credit Card  Visa: \_\_\_\_\_ Master Card: \_\_\_\_\_ Amex: \_\_\_\_\_  
Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
CVV Code (Visa/MC - Last 3 digits on back of card; Amex - 4 digits on front of card): \_\_\_\_\_

Name (as it appears on the credit card): \_\_\_\_\_

Card Billing Address (inc. zip): \_\_\_\_\_  
Signature: \_\_\_\_\_

### Please include the following enclosures with your application: (optional)

- Company/Organization Annual Report  
 A Brochure or other Marketing Piece

Upon submitting the MAHP membership application, applicant agrees, if admitted to membership, to use its best efforts to advance the aims and purposes of the Association and to pay annual dues determined by the MAHP Board of Directors. This information is certified as true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please print, sign and submit the original copy with payment. Thank you. If you have any questions,  
please contact MAHP member support at 617.338.2244 or email [inforequest@mahp.com](mailto:inforequest@mahp.com)

40 Court Street, Suite 550, Boston, MA 02108 | 617.338.2244 | fax 617.338.9844 | [www.mahp.com](http://www.mahp.com)