



Affiliate Membership Application

Organization Name: _____

Address: _____

Phone: _____ Fax: _____

Website: _____

Primary Contact Person (for Membership)

Name: _____ Title: _____

Phone: _____ Fax: _____

Email: _____ Assistant: _____

Second Contact Person (optional)

Name: _____ Title: _____

Phone: _____ Fax: _____

Email: _____ Assistant: _____

Describe your organization's activities: _____

Select your Type of Membership:

Platinum \$11,000
Gold \$4,950

Silver \$3,000

Join Date: _____
Dues Amount: _____

Method of Dues Payment:

Check Enclosed

Credit Card

Visa: _____

Master Card: _____

Amex: _____

Card Number: _____

Exp. Date: _____

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 Ann LaBelle at 617.338.2244 x112 (chamberlin@mahp.com)