



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)