HCANJ
Health Care Association of New Jersey

APPLICATION FOR ASSOCIATE MEMBERSHIP

☐ *Check here if this is a renewal of membership*

ANNUAL ASSOCIATE MEMBERSHIP DUES - $925

(RENEWABLE EACH JANUARY 1. MEMBERSHIP IS BASED ON A CALENDAR YEAR & DUES ARE NOT PRO-RATED. NO CANCELLATIONS OR REFUNDS.)

Please complete this form and return it with your dues payment in full via credit card or check made payable to:
HCANJ, 4 AAA Drive, Suite 203, Hamilton, NJ 08691-1813

COMPANY INFORMATION			
Company Name:			
Street Address:	City:	State:	Zip:
Phone:	Fax:		
E-mail:	Website:		
Authorized Representative Name:	Title:		
Signature:	Date:		

COMPANY DESCRIPTION - YOUR DESCRIPTION MAY BE NO MORE 200 CHARACTERS (APPROX. 25 WORDS) INCLUDING SPACES.
(Please note that this description will appear in your listing in the Directory & Buyer's Guide.)

Please choose the category below which best describes your company's product or service:

- ❑ Ambulance/Medical Transportation
- ❑ Apparel/Footwear
- ❑ Architects/Construction/Renovation
- ❑ Banking/Financial/Accounting
- ❑ Billing/Collections
- ❑ Consulting/Management/Marketing Services
- ❑ Diagnostic/X-ray/Laboratory Services
- ❑ Education/Inservice
- ❑ Energy/Environmental/Buildings & Grounds/Pest Control
- ❑ Fire Protection/Safety/Security
- ❑ Food/Beverage/Nutrition
- ❑ Furnishings/Interior Design
- ❑ Group Purchasing
- ❑ Health Care Centers/Mental Health Svcs.
- ❑ Home Health/Hospice Services
- ❑ Housekeeping/Laundry/Linen/Disposables /Incontinence
- ❑ Human Resources
- ❑ Insurance
- ❑ Legal Services
- ❑ Medical/Dental/Optical Services
- ❑ Medical/Surgical/Business/Ancillary Equipment, Supplies or Services
- ❑ Personal Care
- ❑ Pharmaceutical Services/Supplies
- ❑ Real Estate Appraisals/ Sales/ Acquisitions
- ❑ Rehabilitation/Therapy
- ❑ Technology – Hardware/Software /Communications
- ❑ Transportation Sales/Leasing/Repair

Associate Membership allows participation on HCANJ committees and an elected board seat for one Associate Member. Associate Membership does not automatically grant admission to HCANJ Board Meetings or the Annual Convention. In order to attend annual HCANJ Conferences, including the Annual Convention, Associate Members must contract for an exhibitor's booth, which is available at a discounted rate.

METHOD OF PAYMENT

❑ Check or money order enclosed for $925 **- OR-** ❑ Charge account below for $925

❑ MasterCard ❑ Visa ❑ American Express

Card No.:	CVV (3 or 4 digit code):	Exp. Date:
Cardholder's name:	Signature	
Street Address	City/State/Zip	

QUESTIONS? PLEASE CALL US AT 609-890-8700

For internal use only: AMO ent_____ AMO pmt _____ CC _____ Pkt_____Web_____ Bkpg_____