



New England Society for Healthcare Strategy Membership Application

All fields must be completed.

Name: _____

Title: _____

Organization: _____

Business Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Telephone: _____ Years of service in healthcare: _____

Are you age 30 or below? (For entry into the Early Careerist Network.) Yes / No

Highest level of education attained: _____

Membership Type: Corporate

Please check the category that best describes your position, not title (check one)

- Chief Executive/Senior Vice President
- Dept Head/Director
- Manager
- Consultant
- Analyst/Associate
- Other, please specify _____

Please describe your work setting (check one)

- Hospital System
- Independent Hospital
- Physician Organization
- Consulting Firm
- Architect/Engineering
- Health Plan
- Independent Consultant
- Education
- Other, please specify _____

Which two best describe your areas of responsibility (rank #1 and #2)?

- | | |
|--|--|
| <input type="checkbox"/> Strategic Planning and Business Development | <input type="checkbox"/> Facility Planning |
| <input type="checkbox"/> Physician Relations/Recruiting | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Network Development | <input type="checkbox"/> Physician Practice Management |
| <input type="checkbox"/> Marketing Communications | <input type="checkbox"/> Other |
| <input type="checkbox"/> Managed Care Contracting | |

Type of Membership

Annual Dues

- | | |
|---|---|
| <input type="checkbox"/> Corporate Member (up to 3 per organization) | \$375.00 (complete a separate form for each member) |
| <ul style="list-style-type: none">• Additional corporate members can be added for only \$125.00/person. Contact Chip Marsh at admin@neshs.org to see if your company has a corporate membership. Consider including Chief Medical Officers, service line leaders (physician and administrative), analysts and other members of your organization involved in strategic planning and business development. | |
| <input type="checkbox"/> Primary Member | \$150.00 |
| <input type="checkbox"/> Additional Corporate Members | \$125.00 |
| <input type="checkbox"/> "In Transition" Member | \$75.00 |
| <input type="checkbox"/> Student Member (Must be full-time or part-time undergraduate student, or full-time graduate student) | \$0 |

Volunteer

Are you interested in participating in a committee?

- Program
- Webinar
- Marketing
- Membership
- Not at this time

Payment

Please send or e-mail this application to Chip Marsh, NESHS Administrator, admin@neshs.org
Mail your check (payable to NESHS) to:

NESHS

701 Hebron Avenue, Third Floor
Glastonbury, CT 06033

Or you may apply and pay online at www.neshs.org. Thank you for joining NESHS!