



## New England Society for Healthcare Strategy Membership Application

*All fields must be completed.*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Years of service in healthcare: \_\_\_\_\_

Highest level of education attained: \_\_\_\_\_

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

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**

- Corporate Member (up to 4 per organization)      \$300 (complete a separate form for each member)
- ***Additional corporate members can be added for only \$75.00/person. Contact Donna Powell at [admin@neshs.org](mailto: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                    | \$125 |
| <input type="checkbox"/> Student Member or "In Transition" | \$75  |
| <input type="checkbox"/> Additional Corporate Members      | \$75  |

**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 Donna Powell, NESHS Administrator, [admin@neshs.org](mailto:admin@neshs.org)

Mail your check (payable to NESHS) to:

NESHS  
P.O. Box 500  
Westford, MA 01886

Or you may apply and pay online at [www.neshs.org](http://www.neshs.org). Thank you for joining NESHS!