



# Healthcare Leadership Network of the Delaware Valley

## Membership Application

First Name: \_\_\_\_\_ Middle Init: \_\_\_\_\_ Last Name: \_\_\_\_\_

Credentials: \_\_\_\_\_ Preferred Nick Name: \_\_\_\_\_

Email: \_\_\_\_\_

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

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Hospital  Health Care System  Physician Office or Medical Group Practice

Other Provider  Payer/MCO  Vendor Organization  Health Care Consulting Firm

Health Technology Firm  Medical School or Faculty Practice Plan

Academic  Government  Other: \_\_\_\_\_

Position Type:  \_\_\_\_\_

CEO/COO/CFP/CFO/Partner  CIO Vice President or Other Senior Management

Director/Department Head Senior Staff/Manager  Consultant  Staff Nurse  Professor

Student  Physician  Other: \_\_\_\_\_

Specialty:  \_\_\_\_\_

Financial Management  Marketing/Planning  Clinical/Ancillary Services

QU/UR/Risk Management  Ambulatory Care  Nursing Services  Human Resources

I.T./Mgt. Information Systems  Managed Care  General Management

Other: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Preferred Mailing Address:  Home  Office

Membership Level: \_\_\_\_\_ One-year

ACHE Member  \$75

Non-ACHE member  \$90

Student  \$30

Degree(s): \_\_\_\_\_ Area of study: \_\_\_\_\_

Alumnus: \_\_\_\_\_ School: \_\_\_\_\_

Expected graduation date:  2008  2009

2010  2011

Gender:  Female  Male

ACHE Affiliation:  Member  Diplomate  Fellow  Student  Not a Member

How did you learn about Healthcare Leadership Network of the Delaware Valley?  \_\_\_\_\_

Friend  Co-worker  Website Advertisement  Professional Publication

University/College  Other: \_\_\_\_\_

Did anyone refer you to the Healthcare Leadership Network (formerly GPHA)? If so, please let us know who so that we can thank them:

Career Development

If you are interested in being a *Healthcare Leadership Network* speaker, please list your topics of interest:

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I would like find out more about these Healthcare Leadership Network Committees

Career Development - assists members in career advancement and development through the monthly Job Bulletin, Mentorship Program, ACHE Advancement groups, career related newsletter articles, community service opportunities, the annual Career Development Program and coordinates the annual Administrative Achievement Award.

Membership and Marketing - promotes *Healthcare Leadership Network* membership through the quarterly newsletter, web site, membership drive and strategies to develop and maintain membership. Meets on the fourth Thursday of the month from 7:30-8:30am for a breakfast meeting.

Events and Education - offers high quality and timely educational programs throughout the year. Typically the Committee coordinates between 6 and 8 programs annually, which are designed to foster interaction and networking among healthcare management professionals.

Educational Relations - identifies and develops opportunities to promote student and faculty membership and active participation in the Healthcare Leadership Network and ACHE. Assists local Healthcare Administration educational programs in developing ACHE Student Chapters, develops and plans student conferences, coordinates professional visits to student programs to promote the profession, and identifies potential guest speakers and faculty for educational programs.

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**Code of Ethics** In furtherance of this application, I hereby release *Healthcare Leadership Network of the Delaware Valley* officers, directors, affiliates, agents, and employees, and the providers of any information about me, from any and all liability and agree to save and hold each of them harmless from and against all claims, costs, expenses, demands, actions, and liability arising from or relating to acts performed in good faith and without malice in connection with the provision, collection, and evaluation of information and opinions, whether or not requested or solicited, concerning my application for membership in the Healthcare Leadership Network

I further represent and warrant that the information provided on this application is accurate and complete and agree that if I am admitted as a member of *Healthcare Leadership Network of the Delaware Valley*, I will abide by Code of Ethics of the American College of Healthcare Executives and that all of the foregoing releases and agreements will remain in effect with respect to any future evaluation of my fitness for continued membership in Healthcare Leadership Network. (For further information on ACHE’s Code of Ethics, Bylaws, application for membership, or other information, please visit [www.ache.org](http://www.ache.org).)

I accept the terms stated above                       I do not accept the terms stated above

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Mail or Fax (215-222-3881) Application Form and Check to:

Healthcare Leadership Network • 4514 Chester Avenue • Philadelphia, PA 19143

Charge my membership dues to my credit card:  VISA  MasterCard  American Express

Card Number: \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Billing ZIP Code: \_\_\_\_\_

**NOTE:** Membership Application is also available online at [www.hlndv.org](http://www.hlndv.org)