

Membership Application

YES! I would like to become a member of the Healthcare Materials Management Society of NJ

Please print this form, complete it, and mail or bring it with dues to (check made out to HMMS-NJ):

HMMS-NJ c/o NJHA, PO Box 1, Princeton, NJ 08543

Healthcare Membership Dues Schedule:

Healthcare Membership \$55 each

Vendor / GPO Membership \$150 each for a single non-substitutable membership

\$250 each with the ability to substitute another member of the same company for a membership event. Named member must email name of substitute to VPE@hmmsnj@gmail.com prior to meeting date.

YES! I would like to become a member of the Healthcare Materials Management Society of New Jersey.

I am already a member of the Healthcare Materials Management Society of New Jersey and would like to renew my membership.

I am already a member of the Healthcare Materials Management Society of New Jersey and would like to update my information.

Please send mail to my Business Address Home Address

AHRMM member since ___/___/___ Interested in Golf Outing

Interested in volunteering to help with / plan special events CMRP

Date _____ Check # _____ Amount Enclosed: \$ _____

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Organization: _____ Title: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Email: _____



Healthcare Materials Management Society of New Jersey



Affiliated with the Association for
Healthcare Resource & Materials
Management

**Information Guide and
Application**