



REQUIRED EXPERIENCE FOR HEALTHY CAREERS

HBA MEMBERSHIP APPLICATION & BILLING STATEMENT

You can also become a member at www.hbanet.org

Please check one of the following:

- Individual Renewal US\$175.00 Individual New Member US\$225.00
- Corporate Individual Renewal US\$125.00* Corporate Individual New Member US\$175.00*

*Open to employees of HBA Corporate Partner companies only. This membership must be approved before becoming active.

Name: _____ Title: _____

Company: _____

Company Address: _____

Company Phone: _____ Fax: _____ E-mail: _____

Home Address: _____

Home Phone: _____ Home Email: _____

Please choose one of the following as your primary chapter/affiliate:

- Atlanta Europe¹ Member-at-large³ Ohio San Francisco
- Boston Greater Phila.² Metro⁴ Research Triangle Park Southern CA
- Chicago Indiana Mid-Atlantic⁵ San Antonio St. Louis

¹ Europe includes all European countries

² Greater Philadelphia includes Pennsylvania and the New Jersey counties directly surrounding Philadelphia

³ Member-at-large includes all areas not listed above

⁴ Metro Area includes New York, New Jersey, and Connecticut

⁵ Mid-Atlantic Chapter includes Delaware, Maryland, Washington DC, and Virginia

In addition to HBA and your designated chapter, please indicate if you would like to receive mailings from other chapters (List: Specific chapters or All): _____

New HBA Members - Please provide the name of the HBA member who referred you or indicate "not applicable":

Referred by: _____ Not Applicable

Please Check Type of Company:

- Pharmaceuticals CRO/CSO/MSO Publishing Mgmt. Consultancy
- Device Marketing Indep. Cons./Freelancer Hospital
- Biotechnology Advertising e-Business/IT MCO/HMO
- Diagnostic Public Relations HR/Recruiting/Staffing Primary Care
- Health Agency Medical Ed./Meetings Coaching Other _____

Please Check Your Functional Area:

- Management Marketing Publishing Special Projects
- HR/Recruiting Public Relations Medical/Clinical Affairs Other _____
- e-Business/IT Market Research Research and Dev't
- Advertising Med. Ed./Meetings Sales Support

- Continued -

My company (listed above) is an HBA Corporate Partner: Yes No I do not know

Are you a past HBA member? Yes No

Does your company reimburse you for your HBA membership dues? Yes No

If paying by check, please make check payable to HBA and return with your application to:

Healthcare Businesswomen's Association
373 Route 46 West, Bldg. E, Suite 215
Fairfield, NJ 07004

If paying by credit card, please complete the following information:

Circle One: **VISA** **Mastercard** **AMEX**

Card #: _____ Exp. Date: _____

Name on Card: _____ Authorized Signature: _____

Billing Address: _____

Easy Member Renewal - By selecting this option, I authorize the HBA to charge future annual renewal dues to the credit card that I have provided to pay for my membership today, avoiding membership lapse which could result in re-paying the new member set-up fee of \$50. I understand that I can cancel this authorization at any time upon written notice (letter, email or fax) to the HBA.

Contact Information:

Please DO NOT publish my name and contact information in any public listing (e.g. printed Membership Directory, web site). Please note: HBA DOES NOT rent or sell its mailing list.

Please DO NOT publish my name and contact information in the password-protected, members-only Directory on the web site.