

Business Partner Membership 2024

The Association for Healthcare Foodservice New Jersey Chapter prides itself on having long standing relationships with our vendor partners. Without their/your financial support it would not be possible for us to provide exceptional educational and networking opportunities to our members. Through your partnership, we are able to subsidize these educational events, networking programs as well as our annual November seminar and signature employee recognition dinner.

As business partner, sponsorship entitles you to benefits as follows:

* One AHF-NJ Annual membership for your business for a one-year term for two team members from your company
* An invitation to all AHF-NJ events for two team members from your company
* One Vendor Exhibition Table at the Annual AHF-NJ Education conference

in November ($795 value).

* Recognition on the printed brochure detailing the specific program & registration information for the Annual Education conference
* Advertisement on the website: www.ahfnj.org with a direct link to your business site
* Attendance at the Annual Employee Recognition Program to celebrate National Healthcare Foodservice Week held in October (for two members of your company, $180 value)
* Recognition on the various marketing tools to promote your company
* Unlimited opportunities to network with the Food and Nutrition operators and other professionals to advance the HealthCare/Hospitality Food Service industry.

You will find that the lasting business relationships you will form with our members to be invaluable. It is through our shared aspirations that make us leaders in the business of healthcare food service.

Annual Membership Fee: $1500

January 2024- December 2024

Payment can be made through our website www.ahfnj.org via PayPal.

If paying by check VERY IMPORTANT TO NOTE: make payable to AHF-NJ… please contact Jessica or Rebecca for more information

If you prefer to use the U.S Mail, please mail payments to: Jessica Phillips

28 Mendham Ave

Morristown, NJ 07960

Sincerely,

Rebecca Herman, AHF-NJ President

**Business Partner Membership Application:**

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

Company website address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­\_

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Mailing address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street or PO Box:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suite / Floor / Room:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone or Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Secondary Contact Name:­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone or Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

The Board of Directors will review all new applications and make the final approval.

Thank you for your support and we hope to see you throughout the year.