

Business Partner Membership 2026

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 a vendor partner, sponsorship entitles you to benefits as follows:

- One AHF-NJ Annual membership for your business for a one-year term for two persons from your company
- An invitation to all AHF-NJ events for two persons from your company
- One Vendor Exhibition Table at the Annual AHF-NJ Education conference held 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 Food Service Week held in October (for two members of your company, \$210 value)
- Recognition on the various marketing tools to promote the Annual Employee Recognition Program
- Unlimited opportunities to network with the Food and Nutrition Directors of New Jersey 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 will be invaluable. It is through our shared aspirations that make us leaders in the business of healthcare food service.

Annual Membership Fee: \$1500

January 2026- December 2026

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 Debra 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,

Debra Ryan , AHF-NJ President

Business Partner Membership Application:

Business Name:

Company website address:

Primary Contact: _____

First name: _____

Middle initial: _____

Last name: _____

Title: _____

Mailing
address: _____

Street or PO Box: _____

Suite / Floor / Room #: _____

City: _____

State: _____

Zip Code: _____

Cell Phone or Other: _____

Email Address #1: _____

Email Address #2: _____

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