

Corporate Affiliate Program



New Hampshire Medical Society
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Membership Application

Name of business or firm: _____

Primary contact person: _____

Title: _____ Email: _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Telephone #: (____) _____ Fax #: (____) _____

Website: _____

References: _____

Please list other staff who should receive our mailings (maximum three):

Name: _____

Title: _____

Email: _____

Name: _____

Title: _____

Email: _____

Name: _____

Title: _____

Email: _____

Please include a \$1000.00 check for 1st year dues with your application, once your application is approved the check will be cashed, if your application is denied your check will be returned to you. Please sign and return one copy of the benefits and limitations page and keep one. Please include a brief summary of the services your organization provides. This summary will be used in the NHMS's Corporate Affiliate membership guide and on our web site, you can E-Mail to Joy.Potter@nhms.org. You are also welcome to enclose brochures or other promotional materials that would be helpful.

Applicant's Signature

Title

Date

Please also sign Benefits and limitations sheet and include with application

