

Corporate Affiliate Program

New Hampshire Medical Society

CORPORATE AFFILIATE PROGRAM
ENHANCING THE VALUE OF YOUR MEMBERSHIP

New Hampshire Medical Society
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Concord NH 03301
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CAP 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: _____

With this application, please include the annual CAP fee of \$1250.00, payable to "NHMS." If your application is denied, your check will be returned. Please complete the back of this form with more information about your company. Please e-mail a brief description of the services your company provides for use in our e-Update *CAP of the Week* to: joy.potter@nhms.org. You are welcome to enclose brochures or other promotional materials with this application. Please sign and return both the application and the Limitations form to the above address.

Applicant Signature

Title

Date

Descriptor for NHMS Web Site CAP Guide

Newsletter Highlight 75 words or less _____

If you would like to write your own CAP of the Week item (100 words or less) _____

If someone other than the principal listed on the front is responsible for billing, please list the information here _____
