

Association for Healthcare Foodservice, New York Chapter, Inc.
Membership Application & Renewal Form
January 1 – December 31, 2020 (please note new address)

The Association for Healthcare Foodservice, New York Chapter, Inc. (AHF-NY) is an organization of health care professionals dedicated to supporting growth and educational opportunities in Food and Nutrition Services. AHF-NY is the local affiliate chapter of the National Association for Healthcare Foodservice (AHF).

AHF-NY offers its members:

- Networking opportunities
- Educational & Professional Development Opportunities; Scholarships; ServSafe Certification Opportunities; Continuing Education Credits for RDNs and CDMs.
- Legislative and regulatory advocacy
- Admission to membership meetings
- Discounted or free admission to special events and trips
- Access to professional consultants and speakers in the association as well as in the industry
- Mentorship and Job Postings

AHF-NY Membership Categories and Eligibility Requirements:

- **Active Member:** Granted to individuals who are currently employed in Food or Nutrition Services in Health Care facilities as defined by the Association for Healthcare Foodservice.
- **Business Partner:** Granted to individuals who are currently employed by a corporation, manufacturing, distributing company involved in food service in healthcare. Business Partner contribution sponsors AHF-NY programs including our annual educational seminar & employee's recognition dinner. Two Business Partner Members are invited to all the above events at no additional fees.
- **Allied membership:** Granted to individuals who are currently employed and are active in areas other than food service in healthcare institutions but have a continuing interest and relationship to the food service department. **Allied membership is NOT associated with vendor or corporate participation or consulting companies.**
- **Student:** Granted to individuals who are currently enrolled in an Associate, Baccalaureate, Graduate degree program or 90-hour; or who have left Active Membership to continue education on a full-time basis. (must include a letter of verification)
- **Retired membership:** Granted to individuals who are retired from food service operation.

To apply for membership or to renew your membership through our website:
www.ahfny.org and pay through PayPal (prefer method for your payment)
No Credit Card.

Or

- Complete application
- Enclose a check for your membership category (**Dues payable to AHF-NY**)
- Send completed application with payment to:

Mimi Wang, MA, RD, CDN
225 Cherry Street Apt 52 D
New York, NY 10002
(718) 630-3562 or mimi.wang@va.gov

Status:

Membership Dues:

- ___ New/Renewal Operator Member \$95
- ___ Business Partner \$1500
- ___ Allied Member (not an Operator/vendor) \$150
- ___ Student/ Retired \$25

After 1/31/2020 dues are \$125

Name: _____ **Title:** _____

Institution: _____

Membership in other association: _____

Type of Employing Organization: ___Hospital ___Long Term Care ___Consulting ___Educational Facility ___Vendor ___Behavioral Health ___Student

Business Address: _____ **City** _____ **State** _____ **Zip** _____

Bus. Telephone: _____ ****Email: (PLEASE PRINT)** _____

Home Address: _____ **City** _____ **State** _____ **Zip** _____

Another Phone: _____

****All meeting notice will be sent via E-mail & through our website: www.ahfny.org**

If you prefer US mail, please indicate where mailings should be sent:

() Prefer mailings via US mail. Please send to () Home or () Business

Please circle answer:

- Are you employed by a contract management company? Yes No
- Are you a member of AHF? Yes No
- Would you like to serve on a committee or be interested in becoming a board member? Yes No
- Would you like to sponsor a meeting? Yes No
- Best day for meeting? Mon. Tue. Wed. Thu. Fri.
- Best time for meeting? Morning Afternoon Evening
- Best location? Manhattan Brooklyn Queens Bronx
- Topics of interest: _____

Comments / Suggestions: _____

