



National Association of Physician Recruiters

Vendor Membership Application

Name of Company _____

Vendor membership in the National Association of Physician Recruiters is open to those organizations that supply goods and services to physician recruiting firms.

BENEFITS & CRITERIA

A. Benefits of VENDOR Membership are:

- \$100.00 discount on booth space at Annual Conference
- One set of NAPR mailing labels at no charge
- Additional sets of NAPR mailing labels at a \$20.00 per set charge
- One Email Blast per year from Vendor Member to NAPR Active Membership

B. Criteria for Vendor Membership requires that members of this association shall be those organizations which are:

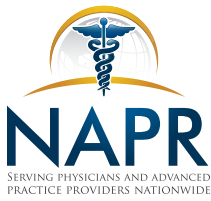
1. Determined by the NAPR Board of Directors, in its sole discretion, to have met the requirements for membership in the association.
2. In conformance with the standard of ethical professional practice as established or adopted by the NAPR Board of Directors, and
3. Elected to membership in NAPR by the Board of Directors.

(Contributions or gifts to NAPR are not deductible as charitable contributions for federal income tax purposes. However, dues payments are deductible by members as an ordinary and necessary business expense.)

VENDOR MEMBERS

The vendor membership fee is \$750 which includes \$700 membership dues for one year with a \$50 one-time, non-renewable, non-creditable application processing fee.

Dues are paid on a rolling membership basis with renewal twelve (12) months from enrollment date, and are non-refundable.



Vendor Membership Application

I hereby make application for Vendor Membership in the National Association of Physician Recruiters and agree to be governed by its Bylaws and Code of Ethics and the Physician Recruitment Standards of Practice and Procedures, and to promote the objectives of the Association, as long as I am a member.

NAME OF FIRM: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE NUMBER: _____ TOLLFREE: _____ FAX: _____

NAME OF PRINCIPAL/PRESIDENT/ADMINISTRATOR: _____ TITLE: _____

DESIGNATED CONTACT: _____ TITLE: _____

EMAIL: _____ WEBSITE/URL: _____

By providing your email address, you agree to accept valuable member information sent electronically.

HOW DID YOU HEAR ABOUT NAPR? Colleagues or Member Name: _____ Convention Facebook Twitter Mailer
 Publication Website Other _____

Brief Description of Products/Services (to be used in NAPR Directory): _____

APPLICATION PROCESSING FEE & DUES

Vendor Membership in NAPR is for firms that supply goods & services to recruiters. A ONE-TIME, NON-REFUNDABLE, NON-CREDITABLE processing fee of **\$50.00** payable in U.S. Dollars along with the full membership dues amount of **\$700 must** accompany your completed membership application.

Dues are paid on a rolling membership basis with renewal 12 months from enrollment date, and are non-refundable. In addition, membership dues payable in U.S. Dollars in accordance with the current dues schedule at the time of application (see previous page). The amount of dues is subject to change by the NAPR Board of Directors.

STATEMENT OF UNDERSTANDING/AGREEMENT TO COMPLY WITH NAPR CODE OF ETHICS

I have read and hereby subscribe to the Code of Ethics and the Physician Recruitment Standards of Practice and Procedures of the National Association of Physician Recruiters (NAPR). I accept compliance with the Code and Standards as a requirement for holding membership in NAPR and acknowledge by my signature that the violation of any section thereof subjects my organization to expulsion by the NAPR Board of Directors as provided by the Bylaws.

I understand that my signature below signifies that I am authorized to apply for NAPR Membership on behalf of my organization and the information contained in this application is true and accurate.

SIGNED: _____ DATE: _____

PRINT OR TYPE FULL NAME & TITLE HERE: _____

PAYMENT SECTION

Total Amount due: **\$750** includes **\$50** Application Fee and **\$700** Member Dues (rolling membership – renewal 12 months from enrollment date)

PAYMENT METHOD: Check # _____ Check Amount \$ _____ Check payable to NAPR in US Dollars

Please charge \$ _____ MasterCard VISA American Express ACCOUNT # _____

Expiration Date: _____ CVV# _____ Print Cardholder Name: _____

CARDHOLDER'S SIGNATURE: _____

CREDIT CARD BILLING ADDRESS: _____

**Please mail application with check payment to: NAPR Headquarters, 222 S. Westmonte Dr, #101, Altamonte Springs, FL 32714
Fax Credit Card Payment Applications to FAX # 407-774-6440**

FOR OFFICE USE ONLY:

MEMBERSHIP APPLICATION FEE: Check/Ref # _____ Date _____ Amount \$ _____
VENDOR MEMBER DUES: Check/Ref # _____ Date _____ Amount \$ _____