



- Operator Member** (\$75/year)
- Business Partner Member** (\$125/year)
- Sponsoring Business Partner** (\$250/year; up to three named members from company)
- National AHF Member Discount** (Operator Members receive 10% discount on local dues.)
- Institutional Member** (\$50/year per person; 3+ from one organization. Larger bulk rates available.)
- Retired/Affiliate Member** (\$50/year)
- Students** (\$25/year)

Mail Completed Application and Check to:
Mark Hudgins, Director of Dining Services
Heritage Community of Kalamazoo
2400 Portage St.
Kalamazoo, MI 49001-3793
Make check payable to: Michigan Chapter AHF.
Membership year ends September 30 each year.

Contact and Facility Information

Name _____ Title _____

Credentials _____ Email Address _____

Company/Facility _____

Acute Care Facility Long Term Care Facility Other (please specify) _____

Street Address _____ City _____ State ____ ZIP _____

Office Phone _____ Office Fax _____ Cell/Other _____

Food Service: Self-Operated Contract Managed by: _____

Please indicate if you are interested in participating in any of the following committees/offices:

- Membership Committee Board of Directors Education/Program Committee

By signing this application, I attest that I qualify for membership in AHF. I am employed by the facility or health care system where I work and not by a 3rd party contract management company. Contract Employees **do not** qualify for AHF Membership.

Signature: _____ Date: _____

Membership Chair Use Only

Date Received _____ Added to the Mailing List _____ Expiration Date _____