

# APPLICATION FOR MEMBERSHIP



ASSOCIATION FOR HEALTHCARE FOODSERVICE  
8400 WESTPARK DR., SUITE 200 | MCLEAN, VA 22012  
703-662-0615 | 703-995-4456 (FAX)

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Hospital Name: \_\_\_\_\_ Health System: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Work Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Immediate Supervisor Name and Title: \_\_\_\_\_

Where did you hear about AHF? \_\_\_\_\_

\_\_\_\_\_ Initial here to affirm you are working in a self-operated, non-contract environment  
(i.e., employed by the hospital, facility or healthcare system).

**Please supply the following important information for your profile.** Select Acute or Long Term Care and then select Type, Number of Licensed Beds, and services that apply to you.

**Acute**

- Academic Medical Center
- Childrens Hospital
- Critical Access Hospital
- Military or VA
- Psychiatric Hospital
- Rehab Hospital

**Long Term Care**

- Assisted Living
- Nursing Home
- Independent Living
- Other

**OR**

**Acute: Number of Licensed Beds**

- 1–50
- 51–150
- 151–300
- 301–450
- 451+

**LTC: Number of Licensed Beds**

- 1–50
- 51–150
- 151–300
- 301–450
- 451+

**Service Type: (Select all the apply)**

- Catering Service
- Cook-chill
- Room Service
- Spoken Menu
- Traditional
- Other \_\_\_\_\_

**Retail Cafe**

- Full #: \_\_\_\_\_
- Express #: \_\_\_\_\_

**Menus**

- Standardized across system
- Vary by facility

**Annual Food Purchases**

- Up to \$250,000
- \$250,001 to \$500,000
- \$500,001 to \$999,999
- \$1M to \$2M
- Over \$2M

Send completed application to [membership@healthcarefoodservice.org](mailto:membership@healthcarefoodservice.org)

**Next, Click Here to Enroll in AHF Benchmarking EXPRESS™**