



The American Society of Professionals in Patient Safety at the National Patient Safety Foundation

Corporate Membership Application Form

Please complete this form submit it to ASPPTS via e-mail to ASPPSinfo@npsf.org or fax to 617-391-9999.

Corporate Member – Annual Fee: \$1,500

Open to any non-provider entity that is committed to patient safety and actively involved in providing products or services to the healthcare field, as well as those who have a strong interest in learning about and supporting patient safety work.

Organizational Information

Please print clearly

Name of Organization: _____

Address: _____ City: _____

State/Province: _____ Zip: _____ Country: _____

Website Address: _____

Which of the following best describes your organization? (check all that apply)

- Healthcare Solutions Provider/Supplier/Vendor
- Consulting Firm
- Professional Services Firm (i.e., legal, financial, architectural)
- State Association
- Health Plan
- Union
- Other

Which of the following best describes the approximate size of your organization?

- 1-100 (Full Time Employees)
- 101-250
- 251-500
- 501-1,000
- 1,001-5,000
- More than 5,000

How did you hear about the American Society of Professionals in Patient Safety?

- Article/News
- Direct Mail
- Facebook
- Friend/Colleague
- LinkedIn
- NPSF Email
- NPSF Website
- Other Website
- Professional Association
- Trade Journal Advertisement
- Twitter
- Other _____



Contact Information

Primary Name: _____ ○ Male
○ Female

Title: _____ Professional Designations: _____

Phone: _____ Email Address: _____

Secondary Name: _____ ○ Male
○ Female

Title: _____ Professional Designations: _____

Phone: _____ Email Address: _____

You must complete payment information for your membership application to be processed:
Please print clearly.

Please select your method of payment:

- Check Enclosed (*payable to the American Society of Professionals in Patient Safety*)
- Credit Card

Credit Card information:

Please Charge to (Please circle): **VISA** **MASTERCARD** **AMEX**

Card Number: _____

Security Code: _____ Expiration Date: _____

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Authorized Signature: _____

Date: _____

Your privacy is important to us. We will not share, sell, or distribute personal information to outside parties.



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