



National Association of Physician Recruiters

Vendor Membership Application

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
- Complimentary vendor listing in the annual NAPR membership directory
- Enhanced Weblink on NAPR Website
- One set of NAPR mailing labels at no charge
- Additional sets of NAPR mailing labels at a \$20.00 per set charge
- Complimentary ½ page ad in one newsletter per year (distributed to approximately 2,500 physician recruitment organizations)

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.

Dues Schedule Effective October 12, 2010

(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 \$490 per year along with a \$50 application processing fee.



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: _____

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 **must** accompany your completed membership application. Dues are \$490 on a calendar year basis from **January 1 to December 31** each year.

In addition, members will be expected to pay annual 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: _____

RECOMMENDED BY NAPR MEMBER- Name & Company: _____

PAYMENT SECTION

Total Amount Paid \$ _____ includes \$50 Application Fee \$490 Annual Dues

PAYMENT METHOD: Check MasterCard VISA American Express ACCOUNT # _____

Expiration Date: _____ Print Cardholder Name: _____

CARDHOLDER'S SIGNATURE: _____

After membership application is approved, please Charge my credit card account above Email annual dues amount needed.

Please mail or fax (credit card payments only) with payment to:
NAPR Headquarters, 222 S. Westmonte Dr, #101, Altamonte Springs, FL 32714; FAX: 407/774/6440.

FOR OFFICE USE ONLY: Ref # _____ Date _____ Amount \$ _____