



Membership Application
Annual Membership Fee - \$150 (Jan-Dec)

Membership in NJAAP Purchasing Alliance entitles you to the published PPIX Tiers member rates for your malpractice premiums. New Jersey, AAP Chapter membership is required for eligibility.

First Name _____ Last Name _____ MI _____ Designation _____

Practice Information:

Name of Practice _____ Office Tel. () _____ Office Fax () _____

Office Address _____

Personal Information:

Home Address _____

Home Tel. () _____ Cellular () _____

E-mail Address _____

Who should we contact for membership questions? _____ Title: _____

Where should we send invoices? Office address / Home address / Other _____

Please check the (one) specialty you currently practice:

- Pediatrics - no surgery
Pediatrics - minor surgery
Pediatrics - Subspecialty, please state subspecialty

Current malpractice insurance carrier _____ Renewal Date _____

Did the NJAAP Purchasing Alliance inspire your decision to join the NJ Chapter? Yes / No
(In order to qualify for membership in the Alliance, you must be a current member of NJAAP and join the NJAAP Purchasing Alliance.)

How did you hear about the NJAAP Purchasing Alliance?

- Your Broker
NJAAP Chapter Media - (circle all that apply) New Jersey Pediatrics / ENews / Website
At a Conference. Which Conference:
Advertisement - (circle all that apply) Mail / E-Mail / PPIX Ad
Other:

Please note the following:

- If currently insured by PPIX the published rates will be applied to your policy by PPIX at time of renewal.
If not currently insured by PPIX, the published rates will commence on the effective date of your policy once the PPIX application has been approved for coverage.
If you do not meet underwriting guidelines and your PPIX application is declined, the Alliance membership fee will be refunded.
The annual NJAAP Purchasing Alliance membership fee is subject to change without notice.
For a complete listing of all terms and conditions please go to our website: www.njaappurchasingalliance.org

Signature: _____ Print Name: _____

The person signing certifies that he/she has the authority to sign this contract binding the physician whose name is listed above to the contract terms. Please note that only NJAAP Chapter members are eligible to be members of the NJAAP Purchasing Alliance.

Please make Alliance Membership check payable to NJAAP Purchasing Alliance, Inc. Mail this form along with your check to:

NJAAP Purchasing Alliance, Inc.
3836 Quakerbridge Rd. Suite 106
Hamilton, NJ 08619
609-842-0014
www.njaappurchasingalliance.org

Table with 3 columns: Period, Amount, Amount. Title: First-Year Prorated Membership Dues:
Dec 15-Jan 14: \$150.00 Apr 15-May 14: \$100.00 Aug 15-Sep 14: \$ 50.00
Jan 15-Feb 14: \$137.50 May 15-Jun 14: \$ 87.50 Sep 15-Oct 14: \$187.50
Feb 15-Mar 14: \$125.00 Jun 15-Jul 14: \$ 75.00 Oct 15-Nov 14: \$175.00
Mar 15-Apr 14: \$112.50 Jul 15-Aug 14: \$ 62.50 Nov 15-Dec 14: \$162.50
Note: Oct, Nov, and Dec include payment for the upcoming year.