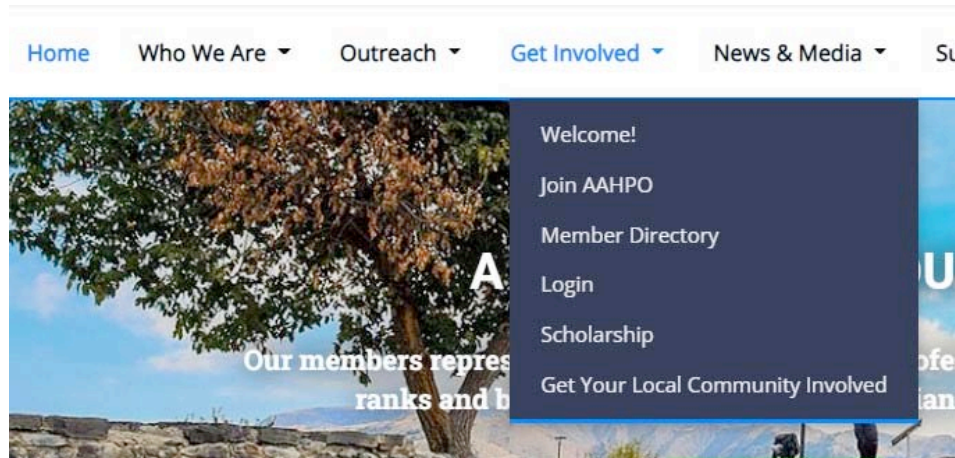




AAHPO MEMBER REGISTRATION GUIDE

1) Go to <https://aahpo.org> and select the sub-tab “Join AAHPO” under the “Get Involved” main tab:



2) You will be directed to the main Registration page:

- Please fill in the five field form at the bottom of the page, including creating your user name and password. Please make sure the password strength is green. Using a combination of upper & lower case, numbers and/or symbols helps creating secure passwords.
- Please the blue sign-up button.

JOIN AAHPO

To become a member, please fill the registration form below. After submission, you will have the option to upgrade your membership, process your payment and verify your information.

Membership in AAHPO is intended for health care Professionals of American descent. To be eligible for Active Membership, you should hold at least a Bachelor's Degree in one of following professions:

- Medicine
- Dentistry
- Nursing
- Physical Therapy

- Pharmacy
- Podiatry
- Psychology
- Social Work

- Public Health
- Dietetics
- Occupational Therapy
- Chiropractic

- Optometry
- Occupational Therapy
- Nutrition
- Medical Science

FREE MEMBERSHIP

Healthcare Professionals of American descent



STUDENT MEMBERSHIP

Healthcare Professionals of American descent



PROFESSIONAL MEMBERSHIP

Healthcare Professionals of American descent



PREMIUM MEMBERSHIP

Healthcare Professionals of American descent



ANNUAL MEMBER DUES

Premium Membership: \$250.00
Professional Membership: \$125.00 | Student Membership: \$75.00

To submit your application for membership in AAHPO by mail, please CONTACT US to receive a registration form and mail it along with a check made payable to AAHPO for the Annual Membership Dues, to: AAHPO, P.O. Box 445, Fair Hb, NJ 07711

If you have any questions, please contact Member Services at 201-548-6166 or email us at info@aahpo.org.

First Name:

Last Name:

Email*:

Password*:

Password Confirmation*:

Password Strength:

Sign Up

View full-size image on next page.

JOIN AAHPO

To become a member, please fill the registration form below. After submission, you will have the option to upgrade your membership, process your payment and verify your information.

Membership in AAHPO is intended for Healthcare Professionals of Armenian descent. To be eligible for Active Membership, you should hold at least a Bachelors Degree in one of following professions:

- Medicine
- Dentistry
- Nursing
- Physical Therapy
- Pharmacy
- Podiatry
- Psychology
- Social Work
- Public Health
- Osteopathy
- Chiropractic
- Medical Administration
- Optometry
- Occupational Therapy
- Nutrition
- Medical Science

FREE MEMBERSHIP

Debbie Ferguson
Emergency Medicine



MEMBER INFORMATION
• Gender: Female
• Age: 45
• Email: [redacted]
• Phone: [redacted]
• Address: [redacted]

STUDENT MEMBERSHIP

Dolores Gilbert
Student



STUDENT INFORMATION
• Name: Dolores Gilbert
• Age: 22
• Email: [redacted]
• Phone: [redacted]
• Address: [redacted]

PROFESSIONAL MEMBERSHIP

Joyce S. Kurdian, DMD
Dentist



PROFESSIONAL INFORMATION
• Name: Joyce S. Kurdian
• Age: 45
• Email: [redacted]
• Phone: [redacted]
• Address: [redacted]
• Profession: Dentist
• License: [redacted]
• Years of Experience: 15

PREMIUM MEMBERSHIP

Garbis Gary Baydar, MD
Pediatrician



PREMIUM INFORMATION
• Name: Garbis Gary Baydar
• Age: 55
• Email: [redacted]
• Phone: [redacted]
• Address: [redacted]
• Profession: Pediatrician
• License: [redacted]
• Years of Experience: 25



ANNUAL MEMBERSHIP DUES

Premium Membership: \$250.00

Professional Membership: \$125.00 | Student Membership: \$75.00

To submit your application for membership in AAHPO by mail, please **CONTACT US** to receive a registration form and mail it, along with a check made payable to AAHPO for the Annual Membership Dues, to **AAHPO, P.O. Box 645, Far Hills, NJ 07931**

If you have any questions, please contact Member Services at **201-546-6166** or email us at **info@aaahpo.org**.

Price: Free

First Name:

Last Name:

Email:*

Password:*

Password Confirmation:*

Password Strength

Sign Up

3) After signing up, you will be requested to confirm your member registration as a Free Member by default.

HELLO JOHN, THANK YOU FOR SIGNING UP!

READY TO UPGRADE TO A STUDENT, PROFESSIONAL OR PREMIUM MEMBERSHIP?

Upgrading your membership comes with a lot of great benefits. Click below to learn more about these benefits & how to upgrade your membership!

[UPGRADE MEMBERSHIP →](#)

ANNUAL MEMBERSHIP DUES

Professional Membership: \$150.00 | Student Membership: \$75.00

To submit your application for membership in AAHPO by mail, print the Membership Application Form and mail it, along with a check made payable to AAHPO for the Annual Membership Dues, to **AAHPO, P.O. Box 645, Far Hills, NJ 07931**

If you have any questions, please contact Member Services at **201-546-6166** or email us at info@aaaho.org.

FREE MEMBERSHIP

Debbie Ferguson
Emergency Medicine



MEMBER INFORMATION
A. Name: Debbie Ferguson
B. Title: Emergency Medicine
C. Email: info@aaaho.org
D. Phone: 201-546-6166
E. Address: 123 Main Street, Far Hills, NJ 07931

STUDENT MEMBERSHIP

Dolores Gilbert
Student



STUDENT INFORMATION
A. Name: Dolores Gilbert
B. Title: Student
C. Email: info@aaaho.org
D. Phone: 201-546-6166
E. Address: 123 Main Street, Far Hills, NJ 07931

PROFESSIONAL MEMBERSHIP

Joyce S. Kurdian, DMD
Dentist



MEMBER INFORMATION
A. Name: Joyce S. Kurdian, DMD
B. Title: Dentist
C. Email: info@aaaho.org
D. Phone: 201-546-6166
E. Address: 123 Main Street, Far Hills, NJ 07931

PREMIUM MEMBERSHIP

Garbis Gary Baydar, MD
Pediatrician



MEMBER INFORMATION
A. Name: Garbis Gary Baydar, MD
B. Title: Pediatrician
C. Email: info@aaaho.org
D. Phone: 201-546-6166
E. Address: 123 Main Street, Far Hills, NJ 07931



PRACTICE INFORMATION
A. Name: Garbis Gary Baydar, MD
B. Title: Pediatrician
C. Email: info@aaaho.org
D. Phone: 201-546-6166
E. Address: 123 Main Street, Far Hills, NJ 07931



[I WILL UPGRADE LATER](#)

- OPTION A) You choose to upgrade later.
- OPTION B) You choose to upgrade to a Student profile (you need to be a student to apply).
- OPTION C) You choose to upgrade to a Professional profile (you need to be a practicing physician).
- OPTION D) You choose to upgrade to a Premium profile (you need to be a practicing physician).

View full-size images on next page.

Debbie Ferguson

Emergency Medicine



MEMBER INFORMATION

 **Specialty:** Emergency Medicine
 **City:** Montclair
 **State:** New Jersey
 **Phone:** (973) 567-5498
 **Email:** dferguson@yahoo.com

Free Membership

Dolores Gilbert

Student



STUDENT INFORMATION

 **Specialty:** Student
 **City:** Union City
 **State:** New Jersey
 **Phone:** (908) 766-5152
 **Email:** dgilbert@gmail.com
 **Education:** Rutgers University / Dentistry
 **Website:**

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Nulla fermentum bibendum imperdiet. Etiam dapibus lorem eget eleifend sagittis. Maecenas commodo neque eget sapien aliquet laoreet eget quis dolor. Nulla condimentum libero a eleifend feugiat, urna leo ultrices dui, a porta elit felis quis augue. Mauris ut libero ante. Class aptent taciti sociosqu ad litora torquent per conubia nostra, per inceptos himenaeos. Vivamus quis augue ac nulla dictum tincidunt vel vitae enim. Mauris eu ante eget urna rhoncus iaculis sit amet id orci. Vestibulum ullamcorper fermentum nisi, at fringilla elit auctor sit amet. Etiam erat ipsum, posuere vel eros nec, consectetur molestie ligula.

[DOWNLOAD RESUME / PROFESSIONAL CV](#)

Student Membership

Joyce S. Kurdian, DMD

Dentist



MEMBER INFORMATION

Specialty: Dentist
City: Basking Ridge
State: New Jersey
Phone: (908) 766-5152
Email: RidgeFamilyDentistry@gmail.com
Education:
Website: www.ridgefamilydentistry.com

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Nulla fermentum bibendum imperdiet. Etiam dapibus lorem eget eleifend sagittis. Maecenas commodo neque eget sapien aliquet laoreet eget quis dolor. Nulla condimentum libero a eleifend feugiat, urna leo ultrices dui, a porta elit felis quis augue. Mauris ut libero ante. Class aptent taciti sociosqu ad litora torquent per conubia nostra, per inceptos himenaeos. Vivamus quis augue ac nulla dictum tincidunt vel vitae enim. Mauris eu ante eget urna rhoncus iaculis sit amet id orci. Vestibulum ullamcorper fermentum nisi, at fringilla elit auctor sit amet. Etiam erat ipsum, posuere vel eros nec, consectetur molestie ligula.

[DOWNLOAD RESUME / PROFESSIONAL CV](#)

Professional Membership

Garbis Gary Baydar, MD

Pediatrician



MEMBER INFORMATION

Specialty: Pediatric
City: Englewood
State: New Jersey
Phone: (201) 568-3262
Email: drbaydar@verizon.net
Education:
Website: englewoodpediatrics.com

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Nulla fermentum bibendum imperdiet. Etiam dapibus lorem eget eleifend sagittis. Maecenas commodo neque eget sapien aliquet laoreet eget quis dolor. Nulla condimentum libero a eleifend feugiat, urna leo ultrices dui, a porta elit felis quis augue. Mauris ut libero ante. Class aptent taciti sociosqu ad litora torquent per conubia nostra, per inceptos himenaeos. Vivamus quis augue ac nulla dictum tincidunt vel vitae enim. Mauris eu ante eget urna rhoncus iaculis sit amet id orci. Vestibulum ullamcorper fermentum nisi, at fringilla elit auctor sit amet. Etiam erat ipsum, posuere vel eros nec, consectetur molestie ligula.

[DOWNLOAD RESUME / PROFESSIONAL CV](#)

Practice Name: Englewood Pediatrics, LLC
ENGLEWOOD PEDIATRICS, LLC
PEDIATRIC & ADOLESCENT MEDICINE



PRACTICE INFORMATION

Practice Description:
In consequat cursus mattis. Vestibulum feugiat enim sed semper feugiat. Maecenas purus justo, faucibus quis libero quis, efficitur elementum odio. Etiam eleifend nunc nec ipsum blandit pulvinar. Duis vel aliquet lorem, a efficitur nisi. Donec ac blandit risus, at ullamcorper lorem. Morbi tempor vitae sapien at molestie. Aenean in tincidunt mi, ac ultrices nulla. Integer eleifend nunc felis, ac imperdiet felis lobortis sed. Vivamus molestie purus et sodales gravida. Mauris sit amet fringilla dolor. Praesent rhoncus tempor eros nec fringilla.

Address: 370 Grand Avenue, Suite 203 Englewood, NJ 07631
Phone: (201) 568-3262
Fax: (201) 569-2634
Website: englewoodpediatrics.com
Email: drbaydar@verizon.net



Premium Membership

4)A: If you don't upgrade and hit the button "I will upgrade later", you remain on a Free Membership. All you need is to confirm your registration by filling in the form as shown, and submit it:

MEMBER REGISTRATION

READY TO UPGRADE TO A STUDENT, PROFESSIONAL, OR PREMIUM MEMBERSHIP?

Upgrading your membership comes with a lot of great benefits. Click below to learn more about these benefits & how to upgrade your membership!

UPGRADE MEMBERSHIP →

UPGRADED MEMBERS

If you still see the "Free Membership" registration form, please wait 30 seconds to 1 minute after your payment to reload the page. Your correct form will show then. Thank you & apologize for the inconvenience.

FREE MEMBERSHIP REGISTRATION

PERSONAL INFORMATION

Full Name*

John/Jane Doe, MD

Please enter your full name as you would like to be in your profile.

Phone*

XXX-XXX-XXXX

Email*

name@mail.com

Specialty / Occupation*

Select A Specialty / Occupation

City*

State*

Select State

Please select your specialty or occupation.

Register Member

After hitting the blue button "Register Member", you will be re-directed to your Free profile.

If you want to log out, just go to the main navigation and under "Get Involved", select "Login" and click on the "Log Out" blue link.

UPGRADE MEMBERSHIP

If you have any questions, please contact Member Services at 201-546-6166 or email us at info@aahpo.org.

UPGRADE TO PREMIUM MEMBERSHIP

Want to Upgrade to a different membership? [Click here](#)

UPGRADE MEMBERSHIP

If you want to log out, just go to the main navigation and under “Get Involved”, select “Login” and click on the “Log Out” blue link.

B)

READY TO UPGRADE TO A PROFESSIONAL OR PREMIUM MEMBERSHIP?

Upgrading your membership comes with a lot of great benefits. Click below to learn more about these benefits & how to upgrade your membership!

UPGRADE MEMBERSHIP →

STUDENT MEMBERSHIP REGISTRATION

PERSONAL INFORMATION

Full Name*

John Smith

Please enter your full name as you would like to be in your profile.

Headshot

Phone #*

973-246-0087

Email Address*

jsmith345@gmail.com

Choose Files

Maximum file size: 5 MB

Please upload a headshot picture for your member profile.

Website URL

https://

LinkedIn Profile URL

https://www.linkedin.com/in/

Resume/Professional CV

Choose Files

Maximum file size: 10 MB

Please upload your resume/ professional CV. (PDF format ONLY)

City*

New York

State*

Select State

Member Bio*

Tell us about you.

SPECIALTY INFORMATION

Specialty/Occupation*

Please select your specialties or occupations.

Allergist (Immunologist)

EDUCATION INFORMATION

Please enter your highest level of education.

Institution Name

Institution Specialty

Graduation Year

Register Member

c)

READY TO UPGRADE TO A PREMIUM MEMBERSHIP?

Upgrading your membership comes with a lot of great benefits. Click below to learn more about these benefits & how to upgrade your membership!

UPGRADE MEMBERSHIP →

PROFESSIONAL MEMBERSHIP REGISTRATION

PERSONAL INFORMATION

Full Name*

John/Jane Doe, MD

Please enter your full name as you would like to be in your profile.

Headshot

Phone #*

XXX-XXX-XXXX

Email Address*

jsmith345@gmail.com

Choose Files

Maximum file size: 5 MB

Please upload a headshot picture for your member profile.

Website URL

https://website.com

LinkedIn Profile URL

https://www.linkedin.com/

Resume/Professional CV

Choose Files

Maximum file size: 10 MB

Please upload your resume/ professional CV. (PDF format ONLY)

City*

State*

Select State

Member Bio*

Tell us about you.

SPECIALTY INFORMATION

Specialty/Occupation*

Please select your specialties or occupations.

☐ Allergist (Immunologist)

☐ Anesthesiologist

☐ Audiologist

☐ Bariatric/Obesity Medicine

☐ Cardiologist

☐ Chiropractor

EDUCATION INFORMATION

Please enter your highest level of education.

Institution Name

Institution Specialty

Graduation Year

Register Member

D)

PREMIUM MEMBERSHIP REGISTRATION

PERSONAL INFORMATION

Full Name*

John Smith

Please enter your full name as you would like to be in your profile.

Headshot

Phone #*

973-467-7654

Email Address*

jsmith345@gmail.com

Choose Files

Maximum file size: 5 MB

Please upload a headshot picture for your member profile.

Website URL

https://website.com

LinkedIn Profile URL

https://www.linkedin.com/in/NAME/

Resume/Professional CV

Choose Files

Maximum file size: 10 MB

Please upload your resume/ professional CV. (PDF format ONLY)

Member Bio*

Tell us about you.

SPECIALTY INFORMATION

Specialty/Occupation*

Please select your specialties or occupations.

☐ Allergist (Immunologist)

☐ Anesthesiologist

☐ Audiologist

☐ Bariatric/Obesity Medicine

☐ Cardiologist

☐ Chiropractor

EDUCATION INFORMATION

Please enter your highest level of education.

Institution Name

Institution Specialty

Graduation Year

PRACTICE #1 INFORMATION

Enter all of the information regarding practice 1.

City*

State*

Zip Code*

Select State

54321

Practice Name*

ACME Inc

Address*

4321 Main St

Phone #*

XXX-XXX-XXXX

Fax #

XXX-XXX-XXXX

Email*

info@company.com

Website URL

https://www.website.com

Facebook Page URL

https://facebook.com/

Practice Description*

Tell us about your practice.

Logo*

Additional Photos*

Choose Files

Maximum file size: 5 MB

Choose Files

Maximum file size: 5 MB

Please include pictures of your practice or pictures that represent your practice.

Register Member

At this point, you can feel free to review and edit your profile. If you're finish, we recommend that you log out.

You can also come back to your account by going to <https://aahpo.org> and select the "Login" sub-tab, under the "Get Involved" tab.

If you loose or forget your password or user name, you can recover them in the Login page as well.

If you have any issue with your registration, please contact us at aahpomarketing@gmail.com and enter the subject line "Tech Support Request".