APPLICATION FOR AFFILIATE MEMBERSHIP
With the Tennessee Hospital Association

I hereby make application for membership in the specified organization. (***Please check applicable organization)***

Tennessee Association for Healthcare Quality	_____	$ 50.00
Tennessee Healthcare Engineering Association Regular Mbrship (for individuals employed by a hospital or healthcare system)	_____	$ 40.00
Tennessee Healthcare Engineering Association Associate Mbrship (for individuals with vendors/companies)	_____	$ 80.00
Tennessee Healthcare Engineering Association Student/Faculty Mbrship (for individuals with an educational system)	_____	$ 60.00
Tennessee Healthcare Environmental Services Association	_____	$ 60.00
Tennessee Organization of Nurse Executives * (includes local chapter dues) T	_____	$ 75.00
Tennessee Society for Healthcare Marketing and Public Relations	_____	$ 60.00
Tennessee Society of Healthcare Materials Managers	_____	$ 60.00
Tenn. Society of Healthcare Materials Managers Associate Mbrship (for vendors)	_____	$ 75.00
Tennessee Healthcare Volunteer Professionals	_____	$ 55.00
Tennessee Society of Healthcare Risk Managers	_____	$ 50.00
Tennessee Society of Healthcare Human Resource Administrators	_____	$ 60.00

Note: In order to provide you with timely, accurate, and useable information, please complete **all** blanks below.

(Please type or print)
Name: Mr./Ms./Mrs._____
First Name Middle Name Last Name

Title: _____ Name of Hospital/Company/School: _____

Hospital/Company/School Address: _____
Street Address
_____
City, State, Zip

Work Number: (___)_____ Cell Number (_____)_____

E-mail Address _____***(Please do not leave email blank)***

Home Address: _____
Street Address
_____
City, State, Zip

Home Phone: (___)_____ Home E-mail: _____

Signature: _____ Date: _____

An applicant may join at any time during the year upon paying annual dues. Members are billed for membership renewal fees by THA prior to their anniversary date.

REMITTANCE OF DUES MUST ACCOMPANY THIS APPLICATION !!
(no credit cards accepted)

Make check or money order payable to ***Tennessee Hospital Association,*** and send to:

THA Accounting Department
Tennessee Hospital Association
5201 Virginia Way
Brentwood, TN 37027-7540

Revised May 30, 2014