

APPLICATION FOR AFFILIATE MEMBERSHIP

With the Tennessee Hospital Association

I hereby make application for membership in the specified organization and submit the following required data for consideration by the Committee on Membership. **(Please check applicable organization)**

Tennessee Academy of Hospital Attorneys	_____	\$ 40.00
Tennessee Association for Healthcare Recruiters	_____	\$ 75.00
Tennessee Association for Healthcare Recruiters Vendor Mbrship	_____	\$125.00
Tennessee Association for Healthcare Quality	_____	\$ 50.00
Tennessee Health Science Library Association	_____	\$ 40.00
Tennessee Hospital Engineers Association	_____	\$ 40.00
Tennessee Hospital Engineers Association Vendor Membership	_____	\$160.00
Tennessee Healthcare Environmental Services Association	_____	\$ 60.00
Tennessee Organization of Nurse Executives	_____	\$ 60.00
Tennessee Society for Healthcare Marketing and Public Relations	_____	\$ 60.00
Tennessee Society of Healthcare Materials Managers	_____	\$ 60.00
Tenn. Society of Healthcare Materials Managers Vendor Mbrship	_____	\$150.00
Tennessee Society of Directors of Volunteer Services	_____	\$ 55.00

Note: In order to provide your association 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: _____ Institution/Company: _____

Who pays dues: Hospital ____ Personal ____ *(This information is requested because of change of job status, etc.)*

Where do you wish your mailings to be sent? Hospital Address Home Address

Hospital/Company Address:

Street Address _____

City, State, Zip _____

Work Number: (____) _____ Fax: (____) _____ E-mail Address _____

Home Address:

Street Address _____

City, State, Zip _____

Home Phone: (____) _____ Home Fax: (____) _____ E-mail: _____

Signature: _____ **Date:** _____

An applicant may join at any time during the year upon paying annual dues. Members will be billed for membership renewal fees by THA on his/her membership anniversary date.

REMITTANCE OF DUES MUST ACCOMPANY THIS APPLICATION !!

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

**THA Accounting Department
Tennessee Hospital Association
500 Interstate Boulevard, South
Nashville, TN 37210**