

# APPLICATION FOR AFFILIATE MEMBERSHIP

*with THA--An Association of Hospitals and Health Systems*

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	_____	\$50.00
Tennessee Association for Healthcare Recruiters Vendor Mbrship	_____	\$100.00
Tennessee Association for Healthcare Quality	<b>X</b> _____	\$50.00
Tennessee Chapter of Health Care Executive Assistants	_____	\$55.00
Tennessee Health Science Library Association	_____	\$40.00
Tennessee Hospital Engineers Association	_____	\$40.00
Tennessee Hospital Engineers Association Associate Mbrship	_____	\$70.00
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	_____	\$75.00
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: ( ) \_\_\_\_\_

**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 *THA--An Association of Hospitals and Health Systems*. **Send to:**

**THA Accounting Department**  
c/o THA--An Association of Hospitals and Health Systems  
500 Interstate Boulevard, South  
Nashville, TN 37210