

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 Association for Healthcare Qualit	\$	50.00		
Tennessee Healthcare Engineering Associat	\$	40.00		
(Regular Mbrship (for individuals employe	ed by a hospital or			
healthcare system)				
Tennessee Healthcare Administrative Profes	\$	75.00		
Tennessee Healthcare Engineering Associat	\$	80.00		
for individuals with vendors/companies)				
Tennessee Healthcare Environmental Service	\$	60.00		
Tennessee Organization of Nurse Executives	\$	75.00		
* (includes local chapter dues)				
Tennessee Society for Healthcare Marketing	\$	60.00		
Tennessee Association for Healthcare Resou		60.00		
Tennessee Association for Healthcare Resou	\$	75.00		
Associate Membership for vendors	3			
Tennessee Healthcare Volunteer Professiona	\$	55.00		
Tennessee Society of Healthcare Risk Managers			50.00	
			60.00	
Tennessee Society of Healthcare Human Resource Administrators Tennessee Society for Organizational Improvement (Regular Mbrship)			50.00	
(Membership for vendors)		75.00		
Tennessee Simulation Alliance	50.00			
Termessee Simulation Amarice		Ψ	30.00	
Note: In order to provide you with timely, acc	urate, and useable informat	tion, please complete	all blanks below.	
(Please type or print)				
Name: Mr./Ms./Mrs				
First Name	Middle Nam		Last Name	
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Title: Insti	tution/Company			
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Hospital/Company/School Address:				
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	City, State, Zip			
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Work Number: () Cel	i Number ()			
E-mail Address	(Please do not le	eave email blank)		
Home Address:				
Street A	ddress			
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City, Sta	te, ∠ıp			
Home Phone: ()	Home E-mail:			
Signature: Date:				
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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.

IF MAILED, REMITTANCE OF DUES MUST ACCOMPANY THIS APPLICATION!

Credit card payments may also be made online at: https://secure.tha.com/affiliate-application/

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