

# APPLICATION FOR AFFILIATE MEMBERSHIP

*New Memberships Only*

Please check applicable organization you would like to join:

Tennessee Association for Healthcare Quality .....	\$50.00	_____
Tennessee Healthcare Engineering Association		
• Regular Membership* .....	\$40.00	_____
• Associate Membership (vendor) .....	\$80.00	_____
• Student/Faculty Membership .....	\$60.00	_____
Tennessee Healthcare Administrative Professionals .....	\$75.00	_____
Tennessee Organization of Nurse Executives .....	\$75.00	_____
Tennessee Society for Healthcare Marketing and Public Relations .....	\$60.00	_____
Tennessee Association for Healthcare Resource & Materials Mgmt		
• Regular Membership* .....	\$60.00	_____
• Associate Membership (vendor) .....	\$75.00	_____
Tennessee Healthcare Volunteer Professionals .....	\$55.00	_____
Tennessee Society of Healthcare Human Resource Administrators .....	\$60.00	_____
Tennessee Society for Organizational Improvement		
• Regular Membership* .....	\$50.00	_____
• Supporting Member (vendor) .....	\$75.00	_____
Tennessee Simulation Alliance .....	\$50.00	_____

\*For individuals employed by a hospital or healthcare system.

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Institution/Company: \_\_\_\_\_

Hospital/Company/School Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address (required): \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Email: \_\_\_\_\_

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.*

**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



TENNESSEE HOSPITAL ASSOCIATION

REVISED July 2018