

APPLICATION FOR AFFILIATE MEMBERSHIP

New Memberships Only

Please check applicable organization you would like to join:

American Organization for Nursing Leadership - Tennessee	\$75.00	_____
Tennessee Association for Healthcare Quality	\$50.00	_____
Tennessee Healthcare Engineering Association		
• Healthcare Facility Employee	\$50.00	_____
• Associate Vendor Employee	\$100.00	_____
• TN Institution Student/Faculty	\$60.00	_____
Tennessee Healthcare Administrative Professionals	\$100.00	_____
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 February 2020