

APPLICATION FOR AFFILIATE MEMBERSHIP

New Memberships Only

Please check applicable organization you would like to join:

American Organization for Nursing Leadership - Tennessee

- One-Year Membership \$85.00 _____
- *Two-Year Membership Discount* **\$140.00** _____

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 Association for Healthcare Resource & Materials Mgmt

- Regular Membership* \$60.00 _____
- Associate Membership (vendor) One-Year \$75.00 _____
- *Associate Membership (vendor) Two-Year Discount* **\$100.00** _____

Tennessee Healthcare Volunteer Professionals \$55.00 _____

Tennessee Society of Healthcare Human Resource Administrators \$60.00 _____

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

