

Affiliate Membership Application

Please print or type						
Name: Mr. Ms. Miss Dr.						
		First	MI	Last	Designation (HT, HTL, RN, etc)	
Gender: Male	Female	Birthdate:	MM/DD/YYYY			
Contact Information:			IVIIVI) DDJ I I I I			
Office:			Home			
Facility Name:			Addre	ss:		
Address:						
Country:			Count	Country:		
Office phone:		Phone	Phone:			
Office fax:		Email:	Email:			
Email:			Send (corresponde	ence to: Office address	
					Home address	
Canada Danada tian						
Company Description:						
Exclude me from:						
☐ Email communicatio						
Fax communications						
Online member direct	ctory					
Membership Dues	and Application	n Fee				
-			of \$150 plus	a one-time	\$25 application fee (\$175 total). Upon	
		•			I as instructions on how to access the	
Members area of the A	SMH website and a	access to the	ASMH online	newsletter a	and member directory.	
ONLINE AT WWW.MOI	HSTECH.ORG/MEN	/IBERSHIP				
			embership		2018 Dues Amount:	
			Wells Street,		\$175.00	
			ee, WI 53202	_		
MasterCard VI	SA American E	xpress				
Card number:		 			Expiration Date (MMYY):	
Name of cardbolder						
Name of cardholder: _						
Cardholder signature:						