Affiliate Membership Application

Please print or type

Name: ☐Mr. ☐Ms. ☐Miss ☐Mrs. ☐Dr. _____
First MI Last Designation (HT, HTL, RN, etc)

Gender: ☐ Male ☐Female Birthdate: _____
MM/DD/YYYY

Contact Information:

Office:
Facility Name: _____
Address: _____
_____
Country: _____
Office phone: _____
Office fax: _____
Email: _____

Home:
Address: _____
_____
Country: _____
Phone: _____
Email: _____

Send correspondence to: ☐ Office address
☐ Home address

Company Description: _____
_____
_____

Exclude me from:
☐ Email communications
☐ Fax communications
☐ Online member directory

Membership Dues and Application Fee

Please indicate payment for current membership dues of $150, plus a one-time $25 application fee ($175 total). Upon approval of your membership application, you will receive a dues receipt, as well as instructions on how to access the Members area of the ASMH website and access to the ASMH online newsletter and member directory.

ONLINE AT WWW.MOHSTECH.ORG/MEMBERSHIP

☐ Check enclosed

Mail to: ASMH Membership
555 East Wells Street, Suite 1100
Milwaukee, WI 53202

2019 Dues Amount:
$175.00

☐ MasterCard ☐ VISA ☐ American Express

Card number:

Expiration Date (MMYY):

Name of cardholder: _____

Cardholder signature: _____