



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
- ☐ Text/SMS communications
- ☐ Online member directory

Membership Dues and Application Fee

Please indicate payment for current membership dues of \$175, plus a one-time \$25 application fee (\$200 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 ASM H website and access to the ASM H online newsletter and member directory.

JOIN ONLINE AT WWW.MOHSTECH.ORG/MEMBERSHIP

☐ Check enclosed

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

2024 Dues Amount:
\$200.00

☐ MasterCard ☐ VISA ☐ American Express ☐ Discover

Card number:

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Expiration Date (MMYY):

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Name of cardholder: _____

Cardholder signature: _____