



## 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 ASMH website and access to the ASMH online newsletter and member directory.

#### JOIN ONLINE AT [WWW.MOHSTECH.ORG/MEMBERSHIP](http://WWW.MOHSTECH.ORG/MEMBERSHIP)

Check enclosed

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

2022 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: \_\_\_\_\_