

TENNESSEE ASSOCIATION HEALTHCARE ACCESS MANAGEMENT
MEMBERSHIP APPLICATION 2019

Name: _____

Title: _____ CHAM _____ CHAA _____

Hospital: _____

Mailing Address: _____

E-Mail Address (Please Print): _____

Membership Fee: \$50.00 for Management
\$30.00 for Support Staff

New Member _____ Renewal _____

Mail completed membership form and fee to:

Maxine Wilson
105 Mitchell Lane
Clinton, TN 37716

Make checks payable to TAHAM

Remember Membership dues cover the calendar year of 2019 If you have any questions, please contact:

Maxine H. Wilson - CHAM
President – TAHAM
Ambassador – NAHAM
maxinewilson@comcast.net or (865) 457-7746

THIS IS A GREAT NETWORKING EXPERIENCE.

VISIT OUR WEB SITE AT
WWW.TAHAM.ORG for Information on our conferences.