

**TENNESSEE ASSOCIATION HEALTHCARE ACCESS MANAGEMENT**  
**MEMBERSHIP APPLICATION 2018**

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 2018 If you have any questions, please contact:

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

THIS IS A GREAT NETWORKING EXPERIENCE.

**VISIT OUR WEB SITE AT**  
**[WWW.TAHAM.ORG](http://WWW.TAHAM.ORG) for Information on our conferences.**