



Arizona Healthcare Technology Management Association Membership Application

Date ___/___/___

Name: _____ Title: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Telephone: () _____ - _____

Hospital / Company: _____

Work Address: _____

Dept. / Mail Stop: _____ Fax: () _____ - _____

City: _____ State: _____ Zip: _____ Telephone: () _____ - _____

E-Mail Address(s): _____

Bill to Address: _____

Send AZHTM mail to: Home Work

Type of Membership:

Student - FREE Individual - \$25.00 Corporate - \$400.00

Renewal New Member

Participation Level:

Officer Board of Directors Advisor Volunteer Member Student

Mail completed application, with check to:

AZHTM

4143 W. Jasper Dr.

Chandler, AZ 85226

Visit us at WWW.AZMIA.ORG