



**GREATER NORTHWEST HEALTHCARE ACCESS  
MANAGEMENT ASSOCIATION APPLICATION FOR  
MEMBERSHIP October 1<sup>st</sup>, 2008-September 30<sup>th</sup>, 2009**

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

FACILITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

.....  
***Please Check Appropriate Membership Category***

Individual Membership \$50.00

Vendor Membership \$50.00

.....  
**Make Checks Payable To: GNHAMA**

Send Membership to:  
Joan Wild  
12019 NE 40<sup>th</sup> Circle  
Vancouver, WA 98682

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GNHAMA Use Only:

Date Received \_\_\_\_\_ Check Amt. \_\_\_\_\_ Check Number: \_\_\_\_\_