



**GREATER NORTHWEST HEALTHCARE ACCESS
MANAGEMENT ASSOCIATION APPLICATION FOR
MEMBERSHIP October 1st, 2011-September 30th, 2012**

NAME: _____

TITLE: _____

FACILITY: _____

ADDRESS: _____

TELEPHONE: _____

FAX: _____

E-MAIL: _____

***Please Check
Appropriate
Membership
Category***

- | | | |
|--------------------------|-----------------------|---------|
| <input type="checkbox"/> | Individual Membership | \$50.00 |
| <input type="checkbox"/> | Vendor Membership | \$50.00 |

Make Checks Payable To: GNHAMA

Send Membership to:
Joan Wild
10411 NE 21st Ct
Vancouver, WA 98686

GNHAMA Use Only:

Date Received _____ Check Amt. _____ Check Number: _____