



**GREATER NORTHWEST HEALTHCARE ACCESS
MANAGEMENT ASSOCIATION
MEMBERSHIP APPLICATION**

(October of current year - September of the following year)

NAME: _____

TITLE: _____

FACILITY: _____

ADDRESS: _____

TELEPHONE: _____

FAX: _____

E-MAIL: _____

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Please Check Appropriate Membership Category

Individual Membership \$50.00

Vendor Membership \$50.00

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Make Checks Payable To: GNHAMA

Send Membership to:
Stacy Marsh
1516 W. 11th St.
The Dalles, OR 97058

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GNHAMA Use Only:

Date Received _____ Check Amt. _____ Check Number: _____