

Alabama Society for Healthcare Materiel Management
affiliated with the Alabama Hospital Association
Application for Membership

Application is hereby made for membership in the Alabama Society for Healthcare Materiel Management (AHSMM) subject to approval by the Executive Committee of the Society.

Name: _____

Title: _____

Hospital: _____

No. of beds: _____

Hospital Address: _____

Telephone Number:(_____)_____

E-mail Address: _____

No. of employees supervised: _____ Position reports to: _____

Are you a member of the Association for Healthcare Resource & Materials Management?

If yes, what year? _____, If no, do you plan to join? _____

Is your hospital a member of a GPO? _____ Yes _____ No

If yes, list primary & secondary GPO:

Remittance of membership dues in the amount of \$40.00 must accompany this application. An applicant may be admitted to membership at any time during the year upon remittance of annual dues.

Make checks payable to the Alabama Society for Healthcare Materiel Management, mail with application to:

Attn: Debbie Stuckey
PR Department
Alabama Hospital Association
500 North East Blvd.
Montgomery, AL 36117

Signature: _____ Date: _____
(for ASHMM use only)

Date of receipt: _____ Dues remitted: _____

Approved: _____
President, ASHMM