

IAHTM New Member Application

New Member

(Prospective members should contact a member of the Board of Trustees or the Executive Director to determine eligibility for membership in IAHTM).

FACILITY

Name _____

Address _____

Member Annual Volume (check one):

- Under 10 million pounds shipped – (Membership Fee \$650)
 10 million or more pounds shipped – (Membership Fee \$800)

MANAGER

Name _____

Title _____

Direct Employer _____

Phone _____ Fax _____

Email _____

I agree to abide by the Code of Ethics and Bylaws of the International Association of Healthcare Textile Management.

New Member Signature

Sponsor (Current IAHTM Member)

Sponsoring Facility _____

Sponsoring Manager _____

I enthusiastically recommend and support the application of this member.

Sponsoring Member Signature

**Remit to: Nancy Jenkins
IAHTM Executive Director
PO Box 576, Shawnee Mission, KS 66201
Phone 208/964-2923 • Fax 913/403-1844 • email nancy@jenkinsim.com**

NOTES:

- 1) IAHTM's membership year runs from October 1 through September 30.
- 2) New member fees cover the remainder of the year joined and the entire next year.
- 3) New members must be approved by vote of 75% or greater at next full meeting.