

## Credit Card Payment

- I authorize payment by credit card
- Mastercard
- Visa
- American Express

Credit Card Number \_\_\_\_\_

Expiration Date (month/year) \_\_\_\_\_

Print Name as it appears on card \_\_\_\_\_

Billing address \_\_\_\_\_

Amount authorized to charge to card \_\_\_\_\_

Signature \_\_\_\_\_

## Membership Facts

1. Establishing membership at any time during the year requires the payment of annual dues for the ENTIRE YEAR.
2. Please allow up to 4-6 weeks to receive your new member packet, which will be sent electronically to the email provided.
3. Membership is renewed each January. Membership is non-refundable and non-transferrable.
4. Contributions or gifts to GHA are not deductible as charitable contributions for federal income tax purposes. However, dues payments may be tax deductible by members as an ordinary and necessary business expense subject to restrictions imposed as a result of association lobbying activities.

RETURN FORM AND PAMENT TO:



1675 Terrell Mill Road  
Marietta, GA 30067  
Phone: (770) 249-4500  
Fax: (770) 955-5801

## Affiliated Society Membership Application

### GHA Societies Hit the Target for:

NETWORKING.

EDUCATION.

CAREER BUILDING



## Society Membership Categories

Select category that applies to your membership.

**\$50 Personal Institutional Member**

Any person who is currently employed by a GHA Member Hospital or Health System. Employees who work for hospitals participating in the dues program are eligible for free membership. To find out if your hospital is participating, please visit:

<http://www.gha.org/societies/ParticipatingHospitals.pdf>

**\$150 Affiliate Member**

Any faculty members and graduate students pursuing health-related studies in an area similar to the society's expertise. Or, any person who is employed by a GHA-affiliated member.

**\$150 Associate Member**

Any person who is employed by a current associate member of GHA. Associate member companies are defined as those who pay associate membership dues and meet all of the following criteria.

- The organization has one or more offices in the state of Georgia.
- The organization provides services or products to one or more institutional members of GHA.
- The organization is interested in furthering the purposes & functions of GHA and is willing to subscribe to the governing instruments of GHA.
- The organization's application for membership has been endorsed in writing by one or more member hospitals/health systems.

## Society Listing

Please select society/societies in which you wish to participate:

- GAHA: Georgia Academy of Healthcare Attorneys** (additional application required)
- GADP: Georgia Association for Development Professionals**
- GONL: Georgia Organization of Nurse Leaders** (organizational chart needed)
- GSCRM: Georgia Society for Clinical & Resource Management**
- GSHC: Georgia Society for Healthcare Chaplains**
- GSHCA: Georgia Society for Healthcare Consumer Advocacy**
- GSHEA: Georgia Society for Healthcare Executive Assistants**
- GSHHRA: Georgia Society for Healthcare Human Resources Administration**
- GSHMPR: Georgia Society for Marketing & Public Relations**
- GSHMM: Georgia Society for Healthcare Materials Management**
- GSHPSR: Georgia Society for Healthcare Physician Services & Recruitment**
- GSHE: Georgia Society for Hospital Engineers**
- GSMC: Georgia Society for Managed Care**
- GSDVS: Georgia Society for Directors of Volunteer Services**

## Contact Information

Please Print.

**New Application**

**Renewing Application**

Dr.  Mr.  Ms.  Mrs.

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Name & Designations

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Title

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Employer

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Street Address

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City, State, Zip

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Phone

Fax

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Email

### PAYMENT

Please select method of payment

Employed by Dues Program Participating Member

Check Enclosed

Credit (please see reverse side for payment form)