



MICHIGAN ASSOCIATION OF HEALTHCARE ADVOCATES

www.mahaonline.org

**APPLICATION FOR MEMBERSHIP
TO THE MICHIGAN ASSOCIATION OF HEALTHCARE ADVOCATES (MAHA)**

Membership is restricted to any hospital volunteer or auxiliary group whose hospital is a member of the Michigan Healthcare and Hospital Association (MHA)

Name of the Hospital Applying _____

Address _____

City and Zip code _____

Name of Person Filling out the Form _____

Title _____

Telephone Number _____

Email address _____

Additional Contact Name: _____

Telephone Number _____

Email address _____

If you have an Auxiliary?
Please List the Name _____

Do you have an alternative Volunteer Leadership Group? _____

If you have Auxiliary Officers, other Leadership positions, or persons within your organization that you want to receive MAHA communications, please list their contact information on page 2.

MAHA is divided geographically into six districts covering the state of Michigan. You are applying to a specific district. Each district has annual dues. This is the only membership dues assessed to belong to MAHA. Membership entitles members of Volunteer Administration, your auxiliary members, and your volunteers to participate in all district events, state events, and MHA sponsored volunteer events.

Thank you for your interest.

**APPLICATION FOR MEMBERSHIP
TO THE MICHIGAN ASSOCIATION OF HEALTHCARE ADVOCATES (MAHA)**

Name: _____

Name _____

Title: _____

Title: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Email address _____

email address _____

Name: _____

Name _____

Title: _____

Title: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Email address _____

email address _____

Name: _____

Name _____

Title: _____

Title: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Email address _____

email address _____

Name: _____

Name _____

Title: _____

Title: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Email address _____

email address _____

If these individuals serve in offices that have terms, when do their terms expire?