Northwest Ohio Hospital Admitting Manager's Association

NWOHAMA
MEMBERSHIP DUES STATEMENT

Membership dues are $35.00 for 2010.
Additional guests will pay $5.00 for educational sessions.

Any member who secures three new members in one year shall have his/her membership dues paid the following year by the association.

NWOHAMA MEMBERSHIP: ☐ RENEWAL
☐ NEW MEMBER

NAME:_____

TITLE:_____

ORGANIZATION:_____

ADDRESS:_____

CITY:_____ STATE:_____ ZIP:_____

PHONE:_____ FAX:_____

E-MAIL ADDRESS:_____

PLEASE MAKE CHECKS PAYABLE TO *NWOHAMA* AND SEND TO:

Havilland Miller
Patient Access Director/NWOHAMA Treasurer
The Toledo Hospital
2142 N Cove Blvd
Toledo, Ohio 43606