Tennessee Biomedical Instrumentation Association

Individual Membership Application

Please complete this application and turn it in at the next meeting along with your membership dues.
Alternately, you can send the completed application and membership dues, by mail, to:

Tennessee Biomedical Instrumentation Association
P.O. Box 1483
Cordova, TN 38088

*Please make checks payable to Tennessee Biomedical Instrumentation Association.
*If applying for a student membership, please fill in your school as Additional Contact Information below.

Membership Category:

☐ Biomedical / Clinical Engineer ☐ Biomedical Equipment Technician
☐ Associate ☐ Student

Applicant:

Name: _____

Job Title: _____

Employer: _____

Preferred Contact Information:

Location: ☐ Work ☐ Home

Hospital/Co Name: _____

Address: _____

City, State, Zip: _____

E-Mail Address: _____

Phone Number: _____

Fax Number: _____

Additional Contact Information:

Location: ☐ Work ☐ Home ☐ School

Hospital/Co Name: _____

Address: _____

City, State, Zip: _____

E-Mail Address: _____

Phone Number: _____

Fax Number: _____

Revised: 4/2007