

Arizona Medical Instrumentation Association Membership Application/Renewal

New Membership Renewal

Membership Type

Associate/Student Individual Corporate
\$15.00 1 year FREE \$25.00 1 year FREE \$300

Applicant/Member

Membership applications are subject to approval

Date: _____

Name: _____

Job Title: _____

Employer/School: _____

Contact Information

Location: Work Home School Use this address for Corporate Invoicing

Hospital/Company: _____

Department/Mail Stop: _____

Address: _____

City, State, Zip: _____

E-mail Address: _____

Phone Number: _____

Fax Number: _____

Alternate Contact Information

Location: Work Home School Use this address for Corporate Invoicing

Hospital/Company: _____

Department/Mail Stop: _____

Address: _____

City, State, Zip: _____

E-mail Address: _____

Phone Number: _____

Fax Number: _____

Form Membership Committee Only

Approved Rejected Date: ____/____/____

Arizona Medical Instrumentation Association

All Members please email form to frank.cabrera@bannerhealth.com
Corporate Memberships please send payments to Banner Support Services
7300 West Detroit St. Chandler AZ 85226 attn: Frank Cabrera