



East Tennessee Biomedical Association

An organization dedicated to the promotion of safety and knowledge with the use of medical instrumentation

Spaces below for ETBA Secretary use.	
Membership Number	
Approval Date	

CORPORATE MEMBERSHIP APPLICATION

Benefits:

- Help corporate members operate more effectively and understand the issues of Biomedical Engineering.
- Aid corporate members in accessing ETBA's membership network of Biomedical managers and professionals.
- Significant discounts on educational programs of interest to healthcare equipment providers.

Please Print

Name of Company: _____
(Type or print name as it should appear in the Directory of Members)

Parent Company: _____

Subsidiaries owned by Parent Company: _____

Address: _____
(Street)

_____ (City) _____ (State) _____ (Zip)

_____ (Telephone) _____ (Fax) _____ (WebPage)

Person designated to vote on behalf of Corporate Member

Name & Title: _____ Signature _____

Mailing Address (if different from above) _____

Person submitting this application on behalf of the above named Corporation

Name & Title: _____ Signature _____
Date _____

The Minimum Annual Corporate Membership Dues is \$150.00

Please make a check payable to ETBA and mail to:

ETBA Membership Committee
2417 Ridgecrest Drive
Knoxville, Tennessee 37918