



# 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	

## INDIVIDUAL MEMBERSHIP APPLICATION

(Student, General, Active, Retired BMET or CE)

Please Print

Name: \_\_\_\_\_

(As you would like it to appear with titles on records or awards)

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

(Telephone)

(E-MAIL Address)

Present Employer: \_\_\_\_\_

Present Title: \_\_\_\_\_ Years in Biomedical Field: \_\_\_\_\_

Employer's Address \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

(Telephone)

(Web Page)

Degree(s) and/or Certifications: \_\_\_\_\_

Primary Area(s) of Responsibility: \_\_\_\_\_

The Annual Membership Dues are: Student \$5.00, General \$15.00, Active \$20.00, Retired \$10.00

Please make a check payable to ETBA and mail to:

**ETBA Membership Committee  
2417 Ridgcrest Drive  
Knoxville, Tennessee 37918**