



# International healthcare association

## APPLICATION FORM FOR 2018-2019

### JOIN THE IHA

Please complete this form for submission to International healthcare Association.

Complete Organization Name			
Main..... Secondary.....			
Address			
Unit.....	Number.....	Street.....	
City.....	Province/state.....	Country.....	
Telephone.....	Fax.....	Email.....	
Website.....			
	Name	Email	Title
Applicant Contact	.....	.....	.....
CEO Contact	.....	.....	.....
Email to receive all IHA connections	.....	.....	.....

Members level	Membership fee	Select
Government organization/agent/associations		
Health tourism cluster/city/village/.....		
Hospitals		
Health tourism facilitators and companies		
Travel & agent active in health tourism		
Professional and specialist active in health tourism		
Accommodations (Hotel Chain,....)		

Yes, include me on IHA Directory and IHA Website Listing.....

No, exclude me from IHA Directory IHA Website Listing.....

...[Http://Internationalhta.com](http://Internationalhta.com).....[info@internationalhta.com](mailto:info@internationalhta.com)...

Address: unit 3 & 1, No 10, 64street, Youssef Abad street, Tehran,

Tel: +98 2188613354 +98 2184138367 Executive manager cell: +989123961629

Fax: +98 2188624293



# *International healthcare association*

## **APPLICATION FORM FOR 2018-2019**

### **JOIN THE IHA**

Please complete this form for submission to International healthcare Association.

By signing this form, I am obligated to pay my membership fee to take advantage of the membership benefits from IHA in the field of health tourism. The association is also committed to presenting a payment receipt to me. I am responsible to inform association about any changes in the information provided in this form.

Signature \_\_\_\_\_

[...Http://Internationalhta.com](http://Internationalhta.com).....[info@internationalhta.com](mailto:info@internationalhta.com)...

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