

NAHCR MEMBERSHIP APPLICATION (Jan-Dec)

MEMBER INFORMATION:

Name: _____ Credentials: _____

Organization: _____ Title: _____

Address: _____ Address Line 2: _____

City: _____ State/Province: _____ Postal Code: _____

Work Phone: _____ Mobile: _____ Email: _____

Referred By or Promotional Code: _____

MEMBERSHIP CATEGORY (please choose one):

- Active Membership \$150* – Active members are recruiters or human resource professionals in any organization providing direct health care, such as a hospital, long-term care, home health or military.
- Recruit for: Allied Health HMO Home Care Long-Term Care Nurse Physician
Employment Home Health Hospital/Health System Rehab Long-Term Care
Setting: Sub-Acute Care Other (please specify) _____
Reports to: Human Resources Nursing Other (please specify) _____
Region: Northeastern North Central Southern Western
- Federal Government Membership \$150*—Federal government members are recruiters or human resource professionals in any organization owned and operated by the federal government, such as a VA Hospital.
- Associate Membership \$185*—Associate members are individuals who are not doing actual recruiting but want to support the work of health care recruiters.
- Institutional Membership \$1,100—Institutional members are companies interested in supporting NAHCR and who provide services or products of interest to recruiters, such as advertising agencies, temporary or staffing agencies, publishers, or career sites.
Search firm? Yes No Number of Employees? 25 or less 26-50 51-75 76-100 101-200 200+
NOTE: Search firm applicants are responsible for securing a reference from an active NAHCR member. Please attach reference.

Highest Degree: PhD MS BS AD Other _____

Select the position nearest to your title: Vice President Senior Vice President Division Manager
 Prof. Recruiter/Talent Acquisition Recr. Support Manager

Years in the Health Care Recruitment Industry: 1-5 6-10 11-15 16-20 20+

Age Group: 20-30 31-40 41-50 51-60 60+

I am a member of the following chapter: _____

I am not a member of a chapter.

PAYMENT INFORMATION:

Amount Paid: \$ _____ *NAHCR prorates dues by month starting in August and ending in December.

Check attached (make checks payable in U.S. funds to NAHCR, 222 S. Westmonte Dr., #101, Altamonte Springs, FL 32714)

Charge to credit card and return via mail or fax to 407-774-6440

MasterCard Visa American Express

Card Number: _____ Expiration Date: _____ CVV: _____

Name on Card: _____ Signature: _____

Billing Address: Same as above

City/St/Province/Postal Code: _____

Mission: NAHCR provides health care recruitment professionals education, networking and resources to become strategic business partners within a dynamic health care environment.