

**APPLICATION FOR MEMBERSHIP**

Name: \_\_\_\_\_ Suffix (RN, etc.): \_\_\_\_\_

Position: \_\_\_\_\_

Institution/Company Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Check Number: \_\_\_\_\_ Date: \_\_\_\_\_  
*(membership is for (1) Year from date paid)*

**Membership:**  New  Renewal

**Membership Type:**

- Active (\$50.00)
- Associate (\$100.00)
- Institutional (\$250.00)

**Send Check to:**

PAAHCR  
c/o Barbara Mankey, RNC, MSN - Treasurer  
Recruiter  
University of Pennsylvania Health System  
150 Monument Road, Suite 300  
Philadelphia, PA 19004

Please complete the following confidential information for PAAHCR records:

1. Are you a NAHCR member? Yes  No

2. Highest degree obtained \_\_\_\_\_

3. Number of years as a recruiter \_\_\_\_\_

4. Are you  Full-time or  Part-time

5. Please list the areas that you recruit for:

\_\_\_\_\_  
\_\_\_\_\_

*Thank you. We will notify you once your membership is active.*