

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.