

**MEMBERSHIP APPLICATION/APPROVAL
ATLANTA ASSOCIATION OF HEALTH CARE RECRUITERS**

MEMBERSHIP INFORMATION

Name _____ Title _____

Organization _____

Mailing Address _____

City, State, Zip _____

Telephone _____ Fax: _____

Email _____

MEMBERSHIP TYPE

Category

Dues

Active Member (note: paid per facility)

\$200.00

(A recruiter or human resources professional in any organization providing direct healthcare, such as a hospital, long term care, home health, military or HMO)

Institutional Member

\$300.00

(For companies interested in supporting AAHCR and who provide services and products of interest to recruiters, such as advertising agencies, traveler agencies, publications, temporary or staffing agencies, applicant tracking, etc.)

Search firms are NOT eligible for AAHCR membership

AMOUNT ENCLOSED \$ _____

MEMBERSHIP APPROVAL

Organization being approved _____

In accordance to the AAHCR Chapter Bylaws, Article 2., Section B., the aforementioned organization has been approved for and is being invited to join the Association.

President, Atlanta Association of Health Care Recruiters

Date

Institutional membership is identical to that of active membership with the exception that there are no voting privileges for election of officers or amendments to the bylaws.

Institutional Member Signature

Date

Mail form and dues to: Vicki Malcom, Southern Regional Medical Center, Human Resources, 11 Upper Riverdale Rd., SW, Riverdale, GA 30274

ADDITIONAL MEMBERS

NAME _____ TITLE _____

Email _____ Phone _____ Fax _____

NAME _____ TITLE _____

Email _____ Phone _____ Fax _____

NAME _____ TITLE _____

Email _____ Phone _____ Fax _____

NAME _____ TITLE _____

Email _____ Phone _____ Fax _____