

MiAHCR



Michigan Association of
Health Care Recruitment

MEMBERSHIP APPLICATION

MICHIGAN ASSOCIATION OF HEALTH CARE RECRUITMENT

Member Information

Name _____

Title _____

Organization _____

Mailing Address _____

City, State, ZIP _____

Telephone #1 _____ Telephone #2 _____

Fax # _____

E-Mail Address _____

Employment Setting:

Hospital/Health System: _____

Home Care: _____

Long-Term Care: _____

Rehab: _____

Other (please specify): _____

Report to:

Human Resources: _____

Nursing: _____

Other (please specify): _____

I was referred to MiAHCR by:

Member (name) _____

Website _____

Other _____

Membership Dues

Active Membership	\$60.00
Associate Membership	\$110.00
Institutional Membership	\$160.00

My check is enclosed (payable to MiAHCR):
Amount \$ _____

Please return form and payment to:

Barb Van Dyke
MiAHCR Membership
3829 East Norwalk
Grand Rapids, MI 49508

Questions? Call Barb Van Dyke at 616-391-1298 or Lisa Feighner at 517-364-5857.