

**-MEMBERSHIP APPLICATION-**

**Member Information**

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Organization \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax # \_\_\_\_\_  
 E-mail \_\_\_\_\_

The following section is to be completed by those who are applying for active membership only.

**Recruit for:**

- Allied Health • HMO • Home Care • Long-Term Care • Nurse • Physician

**Employment Setting:**

- Home Health • Hospital/Health System • Rehab • Long-Term Care • Sub-Acute Care
- Other (please specify) \_\_\_\_\_

**Report to:**

- Human Resources • Nursing Other (please specify) \_\_\_\_\_

If you are a Human Resource professional not responsible for recruitment please indicate your area of responsibility: \_\_\_\_\_

<b><u>Membership Dues Category</u></b> (Please check appropriate box)	<b><u>Dues</u></b>
<input type="checkbox"/> <b>Active Membership</b> (a recruiter or human resource professional in any organization providing direct health care, such as hospital, long-term care, home health, military, HMO)	<b>\$75.00</b>
<input type="checkbox"/> <b>Associate Membership</b> (individuals who are not doing actual recruiting but want to support the work of health care recruiters)	<b>\$125.00</b>
<input type="checkbox"/> <b>Institutional Membership</b> (for companies interested in supporting HCRAMD and who provide services or products of interest to recruiters such as advertising agency publications, travel agency, applicant tracking)	<b>\$1,000.00</b>

*\*Associate and Institutional members may not attend the first hour of monthly meetings, hold office, or sit on the bylaw committee*

*\*\* Search firms, temporary or staffing agencies are not eligible for HCRAMD membership*

**Please return application to: Marilyn Koski, Nurse Recruiter, Beaumont Hospital, 3601 W. 13 Mile Rd., Royal Oak, MI 48073**

DO NOT SEND PAYMENT – you will be invoiced.

*\*Membership in HCRAMD must be approved by the membership committee*