

WA STATE ASSOCIATION FOR HEALTH CARE RECRUITMENT

Membership Application

____ New Member ____ Renewal ____ NAHCR Member

Name: _____

Hospital/Facility: _____

Title: _____

Email: _____

Phone: _____

Fax: _____

Address: _____

City: _____

Zip: _____

Membership Dues of \$50.00
July 1, 2009 – June 30, 2010

Please make check payable to: WSAHCR

Send to:

Mary Davis, Nurse Recruiter
Seattle Children's, M1-4
P. O. Box 5371
Seattle, WA 98105
Phone: 206-987-2112