

WA STATE ASSOCIATION FOR HEALTH CARE RECRUITMENT

Membership Application

\_\_\_\_ New Member \_\_\_\_ Renewal \_\_\_\_ NAHCR Member

Name: \_\_\_\_\_

Hospital/Facility: \_\_\_\_\_ Email \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Membership Dues of \$50.00 July 1, 2008 – June 30, 2009

**Please make check payable to: WSAHCR**

**Send to:**

Mary Davis, Treasurer  
Children's Hospital and Regional Medical Center  
m/s B-5506  
PO Box 5371  
Seattle, WA 98105-0371