

OSWAHCR Oregon & SW Washington Association
for Health Care Recruitment



Membership Form November 2018 – October 2019

___New Member ___Renewal

NAHCR Member: ___ Yes ___ No

Name: _____

Company: _____

Mailing Address: _____

Work Phone: () _____ Fax: () _____

Email: _____

Job Title: _____

Membership Dues + Education Day — \$65.00 November 1 - October 31

Please make **check payable** to:

Oregon and Southwest Washington Association for Health Care Recruitment

Mail to: **Caitlin Hahn**, Providence 4400 NE Halsey St. Bldg. 2, Portland, OR 97213

Questions, please contact: Caitlin.Hahn@providence.org; (p) 503.893.6640