



## Membership Form November 2019 – October 2020

Member Type:     New Member     Renewal

NAHCR Member:     Yes             No

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

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Job Title: \_\_\_\_\_

Organization: \_\_\_\_\_

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: **Jeff Farrell**, 6950 NE Campus Way, Hillsboro, Oregon 97124

Questions, please contact: [jfarrell@willamettedental.com](mailto:jfarrell@willamettedental.com); (p) 503-952-2163