



Membership Form November 2020 – October 2021

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 Ferrell**, 1101 SE Tech Center Drive #195, Vancouver, WA 98683

Questions, please contact: ferrellj@interdent.com; (p) 925-719-1462