



**Individual Membership Form November 2021 – October 2022**

**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](mailto:ferrellj@interdent.com); (p) 925-719-1462