



Application - Renewal
July 1, 2009 – June 30, 2010

Please provide the following information, as you would like it to appear in the MHHRA directory:

Name: _____

Title: _____

Facility: _____

Address: _____

City, State, Zip: _____

Phones: wk: _____

cell: _____

pager: _____

Fax: _____

Email: _____

I am also a member of the following organizations:

- ASHHRA
- SHRM
- MAHSA
- HCAM
- Other HR organization

The following information will be included in the directory and will enable members to network with other colleagues from similar organizations. Please circle the appropriate answers.

- Facility type: Acute or LTC
- # of sites: Single or multi (if multi, how many _____)
- Profit Status: For Profit or Not-for-Profit
- # of Employees: 0-199, 200-499, 500-999, >1000
- Gross Revenues _____
- Union presence: list union and employee group(s) represented by each

Membership Dues: Please check one of the appropriate membership categories

_____ **Regular Membership** **\$75.00**
Healthcare Professional serving in a Human Resource function in a hospital or other healthcare organization.

_____ **Facility Membership** **\$150.00**
Includes membership for three individuals in one of the Human Resources disciplines who are employed by the same healthcare facility. **Each additional member, beyond three per facility membership, is \$30.00 each. Please add the additional member(s) information on the back of this form.**

_____ **Affiliate Membership** **\$100.00**
Professional whose primary responsibility is consulting in the Human Resources/Personnel area.

_____ **Student Membership** **\$10.00**
Full-time Student pursuing a course of study in human resource/personnel administration/management or hospital administration in an accredited college or university.

_____ **Honorary Membership** **No fee**
Honorary membership may be granted by the MHHRA Executive Board. To be considered eligible, a person must have made a significant contribution to a healthcare organization in the area of Human Resources.

_____ **Retiree Membership:** **No fee**
A member who has attained the age of 55 and retired from employment may be granted continued membership privileges.

Print and mail this application with a check payable to MHHRA to: MHHRA, c/o: Kathy Reed, 6215 West St. Joseph Hwy., Lansing, MI 48917. If you have any questions, please contact Kathy Reed, Administrative Assistant, at, kreed@mha.org or (517) 886-8235.