



Application – New Member
July 1, 2010 – June 30, 2011

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. Each member needs to complete a form individually.**

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.