



2017 Annual Dues Invoice

New dues structure for 2017:

Stand Alone Facilities:

3 or more recruiters: \$300.00

Less than 3 recruiters: \$150.00

Facilities with Centralized Recruitment function serving 2 or more facilities: \$500.00

Make checks payable to: Maryland Association for Health Care Recruitment

Send payment to: Tandra Creel-Zacharias
Treasurer
908 Coen Rd.
Street, Maryland 21154

Renewal must be paid by January 31, 2017



New Member Renewal

Please complete the following and include with payment:

Corporation Name: _____

Facility Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Website: _____

For New Members - Who were you referred by? _____

Dues for new facility members who join after the 1st of the year will be prorated.

Please list ALL MAHCR Representatives (If additional space is needed please attach sheet)

Please indicate with an (*) representatives who are National members and () for CHCR.**

Name: _____

Name: _____

Title: _____

Title: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

E-mail: _____

E-mail: _____

Name: _____

Phone: _____

Title: _____

Fax: _____

E-mail: _____

