



## 2015 Membership Application

Membership Level:

- € Active Renewing Membership (Annual fee \$75)
- € New Member (Annual Fee: \$75)
- € Associate Membership (Annual Fee: \$75)
- € Honorary Membership (Annual Fee: \$75)
- € Institutional/Vendor Membership – 3 Levels: Diamond; Gold; Silver memberships

Individual member contact information:

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First/Last Name

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Title

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Hospital/Organization

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Company URL

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Work/Street Address, City, Zip Code

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Work phone #

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Work Fax #

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Email address

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Alternate person contact info (cell or email)

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Disciplines for which you recruit:

List Highest Degree and/or professional licensure to include certifications (CHCR, PRH, SPHR, GPHR, SHRM-CP, SHRM-SCP) \_\_\_\_\_

Preferred method of contact:

- € Email
- € Phone

Are you a current member of NAHCR (national)? € Yes € No

On which committee would you like to serve (you may serve on more than one)?

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**Check here if you like to Chair a Committee? €**

- **Marketing/ Communications**  
Website updates, publications, new member advertising
- **By-Laws**  
Annually review by-laws for possible revisions
- **Nurse Recruitment/Allied Health Recruitment**  
Nursing and Allied Health Recruitment- field news and info, speaker suggestions, conference calendar, hot topics
- **Membership**  
Develop membership campaign, on-boarding strategies for new members, and research companies/facilities for new members
- **Education Committee**  
Recommend/contact speakers, handle submissions for CEU/certification
- **Special Projects Task Force**  
Handle special projects, i.e. Adopt a military family, Meals on Wheels, etc.
- **Nominations Committee**  
Present slate of officers from eligible members
- **Recognition Committee**  
Prepare and file Chapter of the Year Award and formal recognition of our members

**Membership is on a calendar year and is renewed annually Jan-December.**

Most recruiters fall into the "Active Membership" category and have voting rights. If you have any question about your membership status, please contact [kendrapearsonhr@gmail.com](mailto:kendrapearsonhr@gmail.com)

Mail this form and payment made to : **NCAHCR** (check/cashier's check/money order/certified check) to:

Kendra Pearson, Director of Human Resources  
Wilson Medical Center  
1705 Tarboro Street SW  
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252-399-8903