



Application for Membership

New Member Renewal (check one)

Annual Dues:	\$50.00	Full Time Student Dues:	\$25.00
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Name _____

Title _____

Credentials _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

Please describe the risk management duties of your current position:

Are you a member of the **American Society for Healthcare Risk Management (ASHRM)**? Yes No

Instructions:

Please fill out this form, and send it *with your payment* to:
(Checks should be made out to: MD SHRM)

Rina A. Borg
MD SHRM
PO Box 71638
Durham, NC 27722

*If you have any questions,
please call Rina at
(919) 309-0909
or email her at
mdshrm@nc.rr.com*