



Membership Application

New Member

Renewing Member

First Name	M.I.	Last Name
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Degrees, Certificates, Professional Designations

Are you a member of ASHRM?

Yes

No

Employment Information

Title

Organization

Address

City, State, Zip

Phone #

Fax #

E-mail

Alternate E-mail / Contact #

Membership Categories *(please mark one)*

Regular: Anyone who is actively involved (ex.: risk, claims or legal management), interested in healthcare risk management / prevention (ex.: quality, safety, regulatory / corporate compliance) or whose primary job responsibility includes healthcare risk management.

Annual Dues: \$45

Student: Anyone who is a full-time student registered at an institution of higher learning. Students must submit photocopies of student identification or recent transcript verifying current student status.

Annual Dues: \$20

Please describe the duties of your current position / any ancillary positions that you currently hold:

Payment

If not completing this process online via PayPal, please send your completed application with payment (*personal check, organizational check, or money order made out to MD DC SHRM*) to:

Please contact Rina with any questions you may have:
(919) 309-0909 or
md-dcshrm@mgsolutions.org

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