



Indiana Society for Healthcare Human Resources Administration
Affiliated with the American Society for Healthcare Human Resources Administration
www.ishhra.org

Indiana Society for Healthcare Human Resources Administration (ISHHRA) Membership Application for 3/1/2015 - 2/28/2016

____ NEW Member

____ RENEWING Member

Name: _____ Title _____

Organization _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Fax: _____ E-mail _____

HR Membership(s): ASHHRA SHRM Other _____

HR Certification(s): SPHR PHR Other _____

Application and payment deadline is April 30th, 2015 or membership may be forfeited.
Membership is non-transferable among members.

Full Membership: \$35.00 (Each Member) Full Membership in ISHHRA shall be available to an individual who is employed by a healthcare provider in the State of Indiana, and who is actively involved in the Human Resources function of that organization.

Associate Membership: \$250 (Each Member) Associate Membership in ISHHRA shall be available to those who have demonstrated an interest, or involvement with healthcare Human Resources administration, and who do not otherwise qualify for Full Membership. Associate Members enjoy the rights and privileges afforded to Full Members with the exception of the right to vote, to be an officer, or a director, and they may not use the Society's name for materials nor presentations.

I understand that as an ISHHRA member, my contact information will be available on a members-only secured section of the ISHHRA website, and may be provided to an ISHHRA Board - approved vendor.

Signature: _____ **Date:** _____

Please make check(s) payable to ISHHRA. Mail completed applications/checks to:
Sally Zuel, V.P. Human Resources
Union Hospital, Inc.
1606 North 7th Street, Terre Haute, IN 47804
PH: 812-238-7603, Fax: 812-238-7113

ISHHRA USE ONLY

Date Rec'd: _____ Date Appr: _____ Check Rec'd: _____ Check sent to Tres: _____