



Application for Chapter Affiliation

(Group Name)

is interested in becoming a Chapter Affiliate of the National Association for Health Care Recruitment.

The following materials are enclosed:

Bylaws

Goals and Objectives

Officer List (including title, hospital/facility name address, phone number)

Member List (including title, hospital/facility name address, phone number)

We have reviewed and agreed to comply with the NAHCR Bylaws. We believe we meet the necessary criteria for Chapter Affiliation.

Signed: _____ Date: _____

President Name: _____

Hospital Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Note: There is no fee for chapter application or maintenance of chapter status.

Please return your application with the necessary documents to the
NAHCR headquarters.

P.O. Box 14365 ❖ Lenexa, Kansas 66285-4365 ❖ 913/895-4627 ❖ Fax: 913/895-4652