



# Group Tier Membership Application

**PRIMARY MEMBER INFORMATION:**

*(The Primary Member will be the primary contact for the organization and will receive the annual renewal invoice for the organization.)*

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Organization: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

*Save up to \$70 per membership!*

# Memberships	Discounted Cost (per membership)	You save
5 - 9	\$135	\$15 (10%)
10 - 14	\$115	\$35 (23%)
15-19	\$110	\$40 (27%)
20-24	\$105	\$45 (30%)
25-29	\$100	\$50 (33%)
30-34	\$95	\$55 (37%)
35-39	\$90	\$60 (40%)
40-44	\$85	\$65 (43%)
45-49	\$80	\$70 (47%)

50 or more recruiters? Contact [NAHCR Headquarters](#) for more information

**ADDITIONAL MEMBER INFORMATION:**

Please complete the attached form with the additional member information. Once new members have been processed, they will need to log in to the members area of [www.nahcr.com](http://www.nahcr.com) and complete their individual demographic information. Log in information will be included in the new member email which is sent out when the application is processed.



## Group Tier Membership Additional Members Form

Primary Member Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Please note the fields below are the minimum data fields required to enter new member in to database. Once new members have been processed, they will need to log in to the members area of [www.nahcr.com](http://www.nahcr.com) and complete their individual demographic information. Log in information will be included in the new member email which is sent out when the application is processed.  
Please double check email address for accuracy. *(Copy form as needed for additional members.)*

First Name	Last Name	Email	Phone	Address (if different from Organization mailing address)

**PAYMENT INFORMATION:**

Number of recruiters: \_\_\_\_\_ x Price per membership: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

- Check attached (make checks payable in U.S. funds to NAHCR, 222 S. Westmonte Dr. #111, Altamonte Springs, FL 32714)
- Charge to credit card and return via email or fax to [info@nahcr.com](mailto:info@nahcr.com)/407-774-6440.
- MasterCard     Visa     American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_