



# 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: \_\_\_\_\_ Credentials: \_\_\_\_\_

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

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

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

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

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

Referred By or Promotional Code: \_\_\_\_\_

Highest Degree:  PhD  MS  BS  AD  Other \_\_\_\_\_

Select the position nearest to your title:  Vice President  Senior Vice President  Division Manager

Professional Recruiter/Talent Acquisition  Recruiter Support  Manager

Years in the Health Care Recruitment Industry:  1-5  6-10  11-15  16-20  20+

I am a member of the following NAHCR chapter: \_\_\_\_\_

I am not a member of a chapter

**CHOOSE LEVEL:**

# Memberships	Discounted Cost	Savings over Regular Cost	# Memberships	Discounted Cost	Savings over Regular Cost
<input type="checkbox"/> 5 - 9	\$700	7% - 47%	<input type="checkbox"/> 30-34	\$3,150	30% - 38%
<input type="checkbox"/> 10 - 14	\$1,350	10% - 36%	<input type="checkbox"/> 35-39	\$3,400	35% - 42%
<input type="checkbox"/> 15-19	\$1,900	15% - 33%	<input type="checkbox"/> 40-44	\$3,600	40% - 45%
<input type="checkbox"/> 20-24	\$2,400	20% - 33%	<input type="checkbox"/> 45-49	\$3,700	45% - 50%
<input type="checkbox"/> 25-29	\$2,700	25% - 38%	<input type="checkbox"/> 50+? Email <a href="#">NAHCR headquarters</a> for more information.		



**ADDITIONAL MEMBER INFORMATION:**

Please complete the above 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.

**PAYMENT INFORMATION:**

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

Check attached (make checks payable in U.S. funds to NAHCR, 222 S. Westmonte Dr. #101, 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: \_\_\_\_\_