



2019 Membership  New Application  Renewal

**MEMBER INFORMATION**

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_  Office  Mobile Fax # (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Are you currently a member of ASHHRA?  Yes  No\*

\*If not, please consider joining our national professional organization ([www.ashhra.org](http://www.ashhra.org))

**HOSPITAL/ORGANIZATION INFORMATION**

Number of FTEs \_\_\_\_\_ Number of Employees \_\_\_\_\_ Number of Beds \_\_\_\_\_

BRIEF DESCRIPTION OF DUTIES (optional) \_\_\_\_\_

\_\_\_\_\_

**ORGANIZATION TYPE**

- Clinic
- Hospital
- Hospital System
- Long-Term Care

- Specialty
- Business Partner
- Other (Please Explain): \_\_\_\_\_

**Annual Membership Dues:**

- One Individual from an Organization - \$75
- 2 Individuals from an Organization - \$125
- 3-4 Individuals from an Organization - \$150
- 5-10 Individuals from an Organization - \$300
- 10+ Individuals from an Organization - \$500
- Business Partner - \$50
- Student - \$20
- Emeritus - \$0 (If Approved by Board)

\*Membership is owned by the member and not the employer, therefore if a member changes organizations, it will follow the member.

**Please sent completed form and annual dues check made payable to WSHHRA:**

C/O Marlo Willis  
Treasurer WSHHRA  
603 S Chestnut  
Ellensburg, WA 98926

Questions? Email [mwillis@kvhealthcare.org](mailto:mwillis@kvhealthcare.org)