

AHHRA OF GREATER NEW YORK

30 Jericho Turnpike #168, Commack, NY 11725

DUES INVOICE

2004 program year

Dues Schedule (check one)

_____ Individual Membership	\$80 Human Resources Professional
_____ Institutional Membership	\$75 (each) For 2-4 employees from the same institution. (Must be paid for by one single check)
_____ Institutional Membership	\$65 (each) For 5 or more employees from the same institution. (Must be paid for by one single check)
_____ TOTAL ENCLOSED	

(please complete one form for each member (form can be duplicated))

FIRST NAME: _____ LAST NAME: _____

TITLE: _____

AFFILIATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

Please go to the AHHRA Website www.ahhrany.org to update your entire AHHRA Record.

NOTE: If paying by Hospital/Company check, please make sure the member's name is noted.

Please mail check, payable to AHHRA, and mail, to:

AHHRA

30 Jericho Turnpike, #168

Commack, NY 11725

Questions? Email dgoldman@ahhrany.org

In order to remain a member in good standing, please remit by February 29, 2004

