

AHHRA OF GREATER NEW YORK

30 Jericho Turnpike #168, Commack, NY 11725

DUES INVOICE

2007 program year

Dues Schedule (check one)

<input type="checkbox"/>	Individual Membership	\$80 Human Resources Professional
<input type="checkbox"/>	Institutional Membership	\$75 (each) For 2-4 employees from the same institution. (Must be paid for by one single check)
<input type="checkbox"/>	Institutional Membership	\$65 (each) For 5 or more employees from the same institution. (Must be paid for by one single check)
<input type="checkbox"/>	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: _____

AHHRA has many important committees. If you would like to get more involved and participate on a committee, please indicate your interest below.

<input type="checkbox"/> <i>Compensation</i>	<input type="checkbox"/> <i>Communications</i>	<input type="checkbox"/> <i>Development</i>
<input type="checkbox"/> <i>Membership</i>	<input type="checkbox"/> <i>Placement</i>	<input type="checkbox"/> <i>Program/Special Projects</i>
<input type="checkbox"/> <i>Training & Development</i>		

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 March 15, 2007

