

AHHRA OF GREATER NEW YORK

30 Jericho Turnpike #168, Commack, NY 11725

DUES INVOICE 2010 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: _____

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

- ___ Compensation ___ Communications ___ Development
- ___ Membership ___ Placement ___ Program/Special Projects
- ___ Training & Development

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

Or pay by credit card
(Mastercard, Visa or American Express)

card number _____ exp. ____/____ CVV Code _____

Zip code for billing address _____ Signature _____

In order to remain a member in good standing, please remit now.