



# 2010 Annual Dues Invoice

**Dues Amount: \$250.00**

*Discounted to \$225 if renewed by Nov. 30, 2009*

*Make checks payable to: Maryland Association for Health Care Recruitment*

Send payment to: Kim Toland, MAHCR Treasurer  
c/o Franklin Square Hospital, Human Resources  
9000 Franklin Square Drive • Baltimore MD, 21237

New Member

Renewal

**Please complete the following and include with payment:**

Name of Corporation: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

*For New Members - Who were you referred by?* \_\_\_\_\_

**Please list ALL MAHCR Representatives** *(If additional space is needed please attach sheet)*

Please indicate with an (\*) the representatives who are National members.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Name: \_\_\_\_\_ Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**For New Member Facilities - to be placed on the website, please include \$250.00.**

*Renewal must be paid by December 31, 2009 or deletion from MAHCR website will occur and additional fees will be charged to be reinstated.*