



# WEST VIRGINIA HEALTHCARE HUMAN RESOURCES ASSOCIATION

## MEMBERSHIP APPLICATION

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

Organization: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

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

Email: \_\_\_\_\_

Recruited by: \_\_\_\_\_

Do you wish to be added to the WVHRA ListServ?  YES  NO

**OK to share with other members only?**

Name  Organization  Title  Address  
 Phone  Fax  Email

\_\_\_ Regular/Associate \$25.00

\_\_\_ New Member \_\_\_ Renewal

ASHHRA Member? \_\_\_ Yes \_\_\_ NO

\_\_\_ Student \$10.00

\_\_\_ Consultant/Vendor \$100.00

Make check payable to WVHRA  
Please forward check and application to:

**Michele Batiste  
Preston Memorial Hospital  
300 S. Price St.  
Kingwood, WV 26537**