

North Carolina Chapter of ASHRM Membership Form

<input type="checkbox"/> New Member <input type="checkbox"/> Renewal

Membership Categories: *(SELECT ONE)*

Active: \$80

Associate: \$125

Student: \$25

Retired: \$25

Please send this completed for and your check to:

NC ASHRM
PO Box 72248
Durham, NC 27722-2248

Name:	
Title:	
Organization:	
Address:	
City/State/Zip	
Phone#:	
Email:	
Member of National ASHRM?	___ Yes ___ No
Job Function:	___ Risk Manager ___ Quality Improvement ___ Insurance (Underwriter, Claims, Risk Management) ___ Consultant ___ Broker ___ Attorney/Other Legal ___ Physician/Other Clinical ___ Patient Safety ___ Other ___ Specify _____
Type of Organization:	___ Community Hospital ___ Academic Medical Center ___ Insurance Com/Agency ___ Other Healthcare ___ Brokerage ___ Consulting Firm ___ Law Firm ___ Other ___ Specify _____

Membership dues are granted on an annual basis, and will be invoiced at the beginning of each calendar year. Dues are not pro-rated