



AHCHRS Membership

Name:	
Position Title:	
Health Care Facility:	
Address:	
Office Phone:	Fax:
E-Mail Address:	
Name and business address of individual who referred you to AHCHRS:	
Are you a member of ASHHRA?	
Is your employer a health care system or provider that has, as a basis of operation, a hospital, long term care facility, or home health service?	
Please describe the facility and the type of services provided:	
Describe the level and scope of your present assignment. Outline briefly your areas of interest in the field of HR. Indicate the FTEs in your organization and the number of HR FTEs reporting to you:	
Number of years in current position:	in Human Resources:
Please attach a separate listing or resume of your previous career experience.	
I agree to uphold the bylaws and assist in carrying out the objective of the Appalachian Health Care Human Resources Society.	
Signature:	Date:
AHCHRS APPROVAL	
Membership Chairperson:	Date: