



Membership Application and Dues Notice

Eligibility: There are two categories of membership. **Professional Members** include individuals who have responsibility for human resources in a healthcare organization, or are employed in a healthcare organization in a capacity not directly related to human resources but possess a bona fide responsibility for such work, or who are retirees who were active members in good standing at the time of retirement or are full-time consultants who provide human resources services to healthcare organizations. **Corporate Affiliate Members** include individuals who are employed by an organization that is engaged in providing human resources services to healthcare organizations.

2018 SHHRPP Professional Membership Dues: \$75.00*

Name:

Title:

Organization/Facility:

Address:

Telephone:

Email:

Make Your Way – The SHHRPP Way!

- **Save time** and learn new approaches to old problems, quick answers to your daily dilemmas with the SHHRPP/Hospital Council listserv.
- **Enjoy generous discounts** on the SHHRPP statewide compensation survey and annual conference.
- **Improve** your human resources services through programs specifically designed for the healthcare environment.
- **Join one** of the regional societies for even greater networking and educational opportunities.
- **Have an HR opening?** We can share your listing with our membership – free!
- **Gain representation** through advocacy efforts.
- **Conference discounts-** if a current member refers a new facility membership for 2018, they will receive \$50.00 toward the 2018 conference fee.

***NOTE: The 2018 annual dues for the first Professional Member at a facility are \$75. Dues for each additional member at the same facility address are \$45. Dues for each Corporate Affiliate Member are \$112.50. Please add colleagues below:**

Name: _____ Name: _____ Name: _____

Title: _____ Title: _____ Title: _____

If renewing, please remit your payment by **March 1, 2018** to ensure uninterrupted membership benefits. If you have any questions, please call **Peggy Maxwell at 724-584-2094** or e-mail pmaxwell@zoominternet.net

Are you a member of the American Society for Healthcare Human Resources Administration (ASHHRA)?

Yes No If no, check here to receive information about becoming a member.

Are you a member of a regional healthcare human resources society?

Yes No If no, check here to receive information about becoming a member.

If yes, list the society's name: _____

The Statewide Marketplace Compensation Data You Need

I am interested in registering for the NEW statewide compensation survey at my SHHRPP member rate! Please have someone contact me about the survey.

Total Amount Enclosed: \$

Make check payable to SHHRPP and include a copy of this application/dues notice.

(Dues payments are not deductible as charitable contributions for federal income tax purposes.)

Please mail to: SHHRPP, c/o Peggy Maxwell, 515 Wood Street, Ellwood City, PA 16117