



Indiana Society  
Healthcare Human Resources

**Indiana Society for Healthcare Human Resources Administration (ISHHRA)  
Membership Application for 3/1/2009 - 2/28/2010**

This form may be copied as needed for additional members.

\_\_\_\_ NEW Member

\_\_\_\_ RENEWING Member

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

Organization \_\_\_\_\_

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

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

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail \_\_\_\_\_

HR Membership(s):  ASHHRA  SHRM  Other \_\_\_\_\_

HR Certification(s):  SPHR  PHR  Other \_\_\_\_\_

Application deadline is March 1, 2009. Payment must be received by April 30<sup>th</sup>, 2009 or membership may be forfeited. Membership is non-transferable among members.

**Full Membership:**  \$35.00 (Each Member) Full Membership in ISHHRA shall be available to an individual who is employed by a healthcare provider in the State of Indiana, and who is actively involved in the Human Resources function of that organization.

**Associate Membership:**  \$250 (Each Member) Associate Membership in ISHHRA shall be available to those who have demonstrated an interest, or involvement with healthcare Human Resources administration, and who do not otherwise qualify for Full Membership. Associate Members enjoy the rights and privileges afforded to Full Members with the exception of the right to vote, to be an officer, or a director, and they may not use the Society's name for materials nor presentations.

*\*I understand that as an ISHHRA member, my contact information will be available on a members-only secured section of the ISHHRA website, and may be provided to an ISHHRA Board - approved vendor.\**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please make check(s) payable to ISHHRA. Mail completed applications/checks to:

Eva Carr, Human Resources Specialist  
Dearborn County Hospital  
600 Wilson Creek Road, Lawrenceburg, IN 47025  
PH: 812-537-8487, Fax: 812-537-1977

**ISHHRA USE ONLY**

Date Received: _____	Date Approved: _____
Check Received: _____	Check sent to Tres: _____