

# WTSHHRA

West Tennessee Society of Healthcare Human Resources Administration

## APPLICATION FOR MEMBERSHIP

**Please complete the following, mail form, resume and dues to WTSHHRA, P.O. Box 111438, Memphis, TN 38111-1438:**

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

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Functional Responsibilities \_\_\_\_\_  
**(Must Attach Resume)**

### Are you presently a member of the following healthcare/human resources related societies?

	YES	NO
Tennessee Society for Healthcare Human Resources Administration? (www.tshhra.org)	_____	_____
American Society for Healthcare Human Resources Administration? (www.ashrra.org)	_____	_____
Society for Human Resources Management? (www.shrm-memphis.org)	_____	_____

If you would like to become a member, please visit their websites or links to their websites can also be found at [www.wtshhra.org](http://www.wtshhra.org).

I hereby request membership in the West Tennessee Society for Healthcare Human Resources Administration. I agree to abide by the bylaws of said society and to promote sound human resources administration practices within my own organization. I understand that WTSHHRA dues are as follows: Professional: \$20.00; Students \$5.00 annually. Dues are payable upon notice of membership approval and by April 1st of each year thereafter.

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

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PLEASE DO NOT WRITE IN THIS SECTION. FOR WTSHHRA BOARD USE ONLY.

\_\_\_\_ Approved \_\_\_\_ Disapproved Approval Date: \_\_\_\_\_

President: \_\_\_\_\_ Secretary/Treasurer \_\_\_\_\_

Cash \_\_\_\_\_

NEW \_\_\_\_\_

Check \_\_\_\_\_

RENEWAL \_\_\_\_\_