

MAHCR Facility Renewal 2020-2021

Annual Dues Invoice 9/1/20 - 8/31/21

Stand Alone Facilities: 3 or more recruiters: \$300.00

Less than 3 recruiters: \$150.00

Facilities with Centralized Recruitment function serving 2 or more facilities: \$500.00

Make checks payable to: Maryland Association for Health Care Recruitment

Send payment to: Tambra Creel-Zacharias, *Treasurer* 908 Coen Rd., Street, Maryland 21154

Renewal must be paid by September 30, 2020

	New Member Ren	ewal
Please complete the followi	ing and include with payment:	
Facility or System Name		
Company Contact Name		
Address		
City	State	Zip
	Website	

Dues for new facility members who join after the 1st of the year will be prorated.



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Please list ALL MAHCR Representatives (If additional space is needed please submit an attachment)

Name	Title	Email Address	Phone #

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