



Membership Application Form

To become a member of NSHHRA please complete the following and mail application form along with the membership fee to:

NSHHRA Membership C/O Alisha Swanson, Membership Chair, Nebraska Orthopaedic & Sports Medicine | 575 South 70th Street, Suite 200 | St. Elizabeth Medical Center | Lincoln, NE 68510 |

- Professional Membership (\$50)** *A practitioner whose primary duties fall within HR management in a healthcare setting or have a bona fide interest in healthcare human resources.*
- Consultant Membership (\$75)** *A practitioner whose primary duties do not fall within HR management in a healthcare setting, but have a bona fide interest in healthcare human resources.*

Name

Title

Company

E-mail Address

Mailing Address

City, State, Zip

Phone

- Yes, I am a member of ASHHRA. Member Number _____
- Yes, I am interested in serving on the Board of Directors
- Yes, I am interested in serving on a committee.

My interests are _____

