

Application for Integrated Society Membership

Ohio Hospital Association
155 E. Broad Street
Columbus, Ohio 43215-3620
(614)221-7614
FAX 614)241-2933



MEMBERSHIP APPLICATION

OHIO NETWORK OF PHYSICIAN RECRUITERS

(Please print or type)

Name _____

(Please include Mr., Ms., Mrs., Dr., Sister, etc.)

Position/Title _____

Institution _____

Business Address _____

City _____ State _____ Zip Code _____

County _____ E-Mail Address _____

Phone _____ Fax _____

Signature _____ Date _____

Dues for Type C Personal Membership in the Ohio Network of Physician Recruiters are \$100 annually. Type C membership is available to persons who have a significant portion of their time dedicated to medical staff development, specific to areas of recruitment and retention and who are engaged by a hospital, hospital system, clinic, physician practice or managed care organization.

Remittance for the year's dues must accompany your completed application. Membership is based on the calendar year. Memberships approved between November 1 and December 31 shall apply to the following calendar year. Personal memberships and society memberships are not transferable.

**PLEASE MAKE CHECKS PAYABLE TO THE OHIO HOSPITAL ASSOCIATION
AND MAIL TO:**

**Ohio Hospital Association
155 E. Broad Street
Columbus, Ohio 43215-3620**