

Kentucky Association for Health Care Recruitment
Membership Fee Invoice for 2023

Name _____

Title _____

Company Name _____

Company Address _____

City _____ State _____ Zip _____

Phone Number _____

Fax Number _____

E-Mail Address _____

_____ Full Membership \$75

_____ Full Membership for NACHR Members \$50

_____ Associate Membership \$100

_____ Institutional Membership \$225

_____ Honorary Membership

Please make check payable to KAHCR

Please send invoice and fee to:

Susan Deaton

108 W 7th Street

Russellville, KY 42276