

USHHRA

Utah Society of Healthcare Human Resources Administration

USHHRA Membership: Member Application

First Name: _____
Middle Name: _____
Last Name: _____
Suffix: _____
Job Title: _____
Preferred Email: _____

Personal Contact Information:

Alternate Email: _____
Home Address _____
Apt/Suite: _____
City/State/Zip: _____
Home Phone: _____

Company Information:

Company: _____
Description: _____
Website Address: _____
Address: _____
Apt/Suite: _____
City/State/Zip: _____
Phone: _____
Fax: _____

Payment Information:

Payment by check OR
 Pay Pal

Total: _____

HRCI Certification:

PHR SPHR GPHR

Member Type* (required)

Practitioner Student Associate

First individual from Healthcare Organization \$60.00 Each additional individual \$45.00
Student \$25.00 Associated \$250.00

Send completed form with payment to:
Darren Walker, 36 South State St., 21st Floor, Salt Lake City, UT 84111
Fax: 801/442-2890 / email: dwalker@ushhra.org