



**Healthcare Human Resource
Management Association of California**

Application for HHRMAC Membership

Name _____ Position/Title _____

Healthcare Organization _____

Organization Address _____

Phone (____) _____ Fax (____) _____ E-mail _____

Previous Position/Title _____

Organization _____

Dates Employed

City, State _____

From _____ To _____

Membership Category: Active

Student

Personal Information

Home Address _____

Phone (____) _____ Fax (____) _____ E-mail _____

Please indicate mailing address preference: *Office* *Home*

For first time members please answer the following questions:

1. Who was your referral source? _____

2. Why are you interested in joining HHRMAC? _____

Signature _____ Date _____

Please make your check payable to:

**Healthcare Human Resources Management Association of Southern California (HHRMAC)
Human Resources Coordinator
515 South Figueroa Street, Suite 1300
Los Angeles, CA 90071**