



**2012 DUES NOTICE &  
CONTACT INFORMATION**

**Your Name, Title, Organization & Address**

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\_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ Email\*: \_\_\_\_\_  
\_\_\_\_\_

Please circle Yes or No:

Are you a member of ASHHRA? Yes No  
Are you a member of SHRM? Yes No

**\*PLEASE KEEP YOUR EMAIL ADDRESS UP-TO-DATE AS MOST  
COMMUNICATIONS ARE SENT BY EMAIL.**

**\*\*\*\*\*IMPORTANT\*\*\*\*\***

The information you provide above will be used for the VaSHHRA Membership Directory (located at [www.vashhra.org](http://www.vashhra.org)), will be used for all VaSHHRA mailings, email communications and seminar announcements. Send this completed form by fax to (804) 665-2400, by email to [cdancy@cvhn.com](mailto:cdancy@cvhn.com), or by regular U.S. mail to address below. Additional questions – please call (804) 665-2400.

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**BILLING STATEMENT, 2012 Dues for the VaSHHRA:**

You now have two options – pay for one year or for two years:

**Healthcare Member:** One Year \$60 Two Years \$100

**Consultant Member:** One Year \$75 Two Years \$125

**Student Member:** One Year \$5

MAKE CHECK PAYABLE TO: **VaSHHRA**

(VaSHHRA EIN 54-1356316)

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**Mail Payment to:** VaSHHRA  
Cathy Dancy, Treasurer  
14255 Pole Run Road  
Disputanta, VA 23842

**PAYMENT DUE DATE: 3-01-2012**

You may also pay online at [www.vashhra.org](http://www.vashhra.org) We accept Mastercard, Visa and American Express.

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