



**MEMBERSHIP RENEWAL 2009**

**Fee: \$50**

**Make Check Payable to MSHRM**

**Please complete this form and mail with your check**

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Name -- Please include any designations (RN, MS, ARM, JD, etc.)

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Title

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Organization

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Street Address/Mailing Address

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City, State, Zip Code

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Telephone

Fax

Email

Member of ASHRM 2007

Yes

No

Member of ASHRM 2008

Yes

No

Please complete one form per member.

Return form and check to

**MSHRM  
C/O Faith Kreider  
494 Watertown Street  
Newton, MA 02460**