**SOUTH DAKOTA HEALTHCARE HUMAN RESOURCES ASSOCIATION**

**2023 MEMBERSHIP APPLICATION**

*(Use your tab key to move through the fields in this form.)*

DATE:

NAME:

TITLE:

FACILITY:

ADDRESS:

PHONE:

E-MAIL ADDRESS:

Dues are $25.00 annually per member. Please make checks payable to the SDHHRA, and return your payment and this form by May 30, 2023, to:

SDHHRA

c/o Shannun-Douglas Co Memorial Hospital

708 8th St

Armour, SD 57313