



# Southwest Physician Recruiters Association (SWPRA) Membership Application

Name / Title \_\_\_\_\_ / \_\_\_\_\_  
 Organization \_\_\_\_\_  
 Work Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Work Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_ E-Mail \_\_\_\_\_  
 Web Site \_\_\_\_\_ ASPR Member?  Yes  No  
 How did you hear about SWPRA? \_\_\_\_\_

### TYPE OF ORGANIZATION (mark all that apply):

NON-PROFIT       FOR-PROFIT       ACADEMIC INSTITUTION

Hospital \_\_\_\_\_  
 Hospital System \_\_\_\_\_ # of Hospitals \_\_\_\_\_  
 Primary Care Association \_\_\_\_\_  
 State/Federal Hospital \_\_\_\_\_ Other (Specify) \_\_\_\_\_

GROUP/CLINIC  
 \_\_\_\_ Single Specialty    \_\_\_\_ Primary/ER Clinic(s)    \_\_\_\_ Multiple Specialty    \_\_\_\_ Specialty Clinic(s)

MANAGED CARE  
 \_\_\_\_ Contract Management Group      \_\_\_\_ Integrated Delivery System  
 \_\_\_\_ PPO      \_\_\_\_ HMO Reg'l      \_\_\_\_ HMO Nat'l      \_\_\_\_ HMO Local

Are there Residency/Fellowship Programs associated with your organization?

Residency       Fellowship       Both       Neither

If so, what specialties are included: \_\_\_\_\_

**SERVICE TERRITORY:** (Please specify states and/or countries)  Nat'l       Int'l

1.) \_\_\_\_\_ 2.) \_\_\_\_\_ 3.) \_\_\_\_\_ 4.) \_\_\_\_\_ 5.) \_\_\_\_\_

**MEMBERSHIP DUES:** Check payable to "SWPRA" or pay online via PayPal: <http://swpra.org/membership-information/> Dues for each calendar year are \$45.00 (ASPR members) or \$50.00 (non-ASPR members).

*Group Memberships: Membership dues are required to be paid for only the first three (3) members in each location of an organization. Additional employees in each location can become members without paying further membership dues.*

Please submit completed application and check to:

SWPRA  
 Attn: Shonn Scranton  
 Physician Recruitment  
 C/O Banner Health  
 2901 N Central Avenue, Phoenix, AZ 85012  
 Ph: (602) 747-3008 / Email: [Shonn.Scranton@bannerhealth.com](mailto:Shonn.Scranton@bannerhealth.com)

Or (if paying online via PayPal), please email application to: [Shonn.Scranton@bannerhealth.com](mailto:Shonn.Scranton@bannerhealth.com)

*In submitting this application, you certify that you are employed as an in-house recruiter by the healthcare organization listed above and are not working for or subcontracted to a third-party recruiting firm or agency. You also have read, and agree to the SWPRA bylaws and mission statement.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date