



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 \$50.00 for the 2014 calendar year and submit with application. (Dues for ASPR members are only \$45.00)

Please submit completed application to: kara.balliet@bannerhealth.com or mail to: SWPRA c/o Banner Health Attn: Kara Balliet, 2901 North Central Avenue Phoenix, AZ 85012

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*