



Southwest Physician Recruiters Association (SWPRA) 2018 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 the 2018 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: Bradley Swinney
 Physician Recruitment
 C/O Banner Health
 2901 N Central Avenue, Phoenix, AZ 85012
 Ph: (480) 684-5312 / Email: Bradley.swinney@bannerhealth.com

Or (if paying online via PayPal), please email application to: Bradley.swinney@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