

**Kentucky Association for Health Care Recruitment**  
**Membership Fee Invoice for 2009-10**

Name \_\_\_\_\_

Title \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

\_\_\_\_\_ Full Membership \$75

\_\_\_\_\_ Associate Membership \$100

\_\_\_\_\_ Institutional Membership \$125

\_\_\_\_\_ Honorary Membership

Please send invoice and fee:

Lorie Oglesby

Human Resources

Trover Health System

200 Clinic Drive

Madisonville, KY 42431