



*Kansas Hospital Human  
Resources Association*

**DATE:** November 14, 2008

**TO:** KHA Member Hospitals  
Kansas Hospital Human Resources Association (KHHRA) Members

**FROM:** Ken Brown, 2008 KHHRA President  
Steve Poage, KHHRA Liaison

**SUBJECT:** 2009 APPLICATION FOR MEMBERSHIP IN THE  
KANSAS HOSPITAL ASSOCIATION HUMAN RESOURCES ASSOCIATION

The objective of the Kansas Hospital Human Resources Association is to promote high standards of professional ethics, education and proficiency in the area of human resources management. This objective is accomplished through stimulating the exchange of information and furthering the professional development of its membership. Formally organized in 1977, KHHRA holds at least two educational sessions for its members annually and one annual district meeting.

Membership in the Kansas Hospital Human Resources Association is available to persons in KHA member hospitals who are professionally engaged in human resources management. Associate memberships are available to human resources professionals at health care facilities that are not KHA members.

We invite and encourage you to be a part of our KHHRA. If you are interested in becoming a member or renewing your current membership, please complete and return the attached membership application by February 1, 2009. This will allow us to distribute the membership roster to all members by April 1, 2009.

**Annual KHHRA dues are: \$50.00 for regular members**  
**\$60.00 for associate members.**

Checks should be made payable to: **KANSAS HOSPITAL HUMAN RESOURCES ASSOCIATION**

Please complete and mail the attached membership application and check to:

**KANSAS HOSPITAL ASSOCIATION**

**ATTENTION: LORRI DEAN**

215 S.E. Eighth

Topeka, KS 66603-3906

**2009 APPLICATION FOR MEMBERSHIP  
IN THE  
*Kansas Hospital Human Resources Association***

\* Regular: \$50.00 (KHA member hospitals)

\* Associate: \$60.00 (Medical clinics or non-KHA member hospitals)

NAME \_\_\_\_\_ (Last, First, MI)

TITLE: \_\_\_\_\_

INSTITUTION NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (Zip Code)

TELE: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

ASHHRA MEMBER?  YES  NO

AREA OF EXPERTISE: \_\_\_\_\_ Certification?  PHR  SPHR

Circle One:  New Membership  Renewal  Replacement Membership

If replacement, replacing member name: \_\_\_\_\_

MEMBERSHIP PAID BY:            SELF            INSTITUTION

I hereby apply for membership in the Kansas Hospital Human Resources Association and agree to pay the annual dues. I recognize and accept the responsibilities incumbent upon me as a member of the human resources profession. I agree to abide by the Bylaws and to assist in carrying out the objectives of the Association.

\_\_\_\_\_  
Signature of the Applicant

Amount Enclosed \$ \_\_\_\_\_ Date \_\_\_\_\_

Following the initial application, membership fees will be due at the beginning of each fiscal year, January 1.

Please make checks payable to the Kansas Hospital Human Resources Association and mail application and your check to:

Kansas Hospital Association  
Attention: Lorri Dean  
215 S.E. Eighth  
Topeka, KS 66603-3906