

# MAPRA MEMBERSHIP APPLICATION

TODAY'S DATE: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

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

HOSPITAL/GROUP/SYSTEM NAME: \_\_\_\_\_

BUSINESS WEBSITE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS EMAIL: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

YOUR SERVICE AREA INCLUDES:  DC  DE  MD  NJ  PA  VA  WV

DO YOU CHARGE A FEE TO RECRUIT PHYSICIANS? \_\_\_\_\_

IF YES, PLEASE EXPLAIN STRUCTURE: \_\_\_\_\_

WHAT % OF TIME IS DEVOTED TO RECRUITMENT? \_\_\_\_\_%

DO YOU HAVE OTHER DUTIES IN ADDITION TO RECRUITING? \_\_\_\_\_

HOW BIG IS YOUR DEPARTMENT? \_\_\_\_\_

HOW MANY YEARS OF EXPERIENCE DO YOU HAVE IN RECRUITMENT? \_\_\_\_\_

NAME OF PERSON WHO REFERRED YOU TO MAPRA? \_\_\_\_\_

WOULD YOU LIKE TO BE PAIRED WITH A SEASONED MENTOR?  YES  NO

PLEASE MARK YOUR POTENTIAL AREAS OF EXPERTISE (CHECK ALL THAT APPLY):

EDUCATION & CONFERENCE  MEMBERSHIP  VENDOR RELATIONS  WEBINAR  WEBSITE  MARKETING

PAYMENTS MAY BE MADE BY CHECK OR CREDIT CARD

MEMBERSHIP IN MAPRA IS INDIVIDUAL AND NON-TRANSFERABLE. CALENDAR YEAR JANUARY 1 THROUGH DECEMBER 31 DUES ARE \$100. PLEASE SUBMIT YOUR COMPLETED APPLICATION TO: MID-ATLANTIC PHYSICIAN RECRUITER ALLIANCE RACHEL JONES, TREASURER 3020 MARKET ST APT 4 CAMP HILL, PA 17011

\*CREDIT CARD INFORMATION (\$3 FEE WILL BE ADDED FOR CREDIT CARD PROCESSING):

NAME ON CARD: \_\_\_\_\_ CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ CVV: \_\_\_\_\_

BILLING ZIP CODE: \_\_\_\_\_