



Mid-Atlantic Physician Recruiter Alliance, Inc.

Membership Application

Date: _____

Name: _____

Title: _____

Hospital/Group/System: _____

Website: _____

Address: _____

City: _____ State: _____ Zip Code: _____

email: _____ Phone: _____ Fax: _____

Your Service Area includes: DC DE MD NJ NY PA VA WV

Do you charge a fee to recruit physicians? _____

If yes, please explain structure:

What % of time is devoted to Recruitment? _____

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 the following areas of interest (check all that apply):

- Education & Conference
- Membership
- Vendor Relations & Webinar
- Website & Marketing

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

Payments may be made by check or Credit Card (credit card form on back)

***Credit Card Information (\$3 fee will be added for credit card processing):**

Name on Card: _____

Card Number: _____

Expiration Date: _____

CVV: _____

Billing Zip Code: _____