



National Association Physician Recruiters

Institutional Membership Application

Institutional membership in the National Association of Physician Recruiters is open to those individuals who recruit physicians and are employed as an In-House Recruiter.

Applicant Organization Name: _____

CRITERIA FOR MEMBERSHIP

- A. To qualify for INSTITUTIONAL Membership, a person must recruit physicians and be employed as an In-House recruiter.**
- B. Criteria for Institutional membership require that members of this association shall be those individuals who are:**
 - 1. Determined by the NAPR Board of Directors, in its sole discretion, to have met all the requirements for membership in the association.
 - 2. In conformance with the standards of ethical professional practice as established or adopted by the NAPR Board of Directors, and
 - 3. Elected to membership by the NAPR Board of Directors.
- C. Institutional Members receive all NAPR benefits except:**
 - 1. No access to NAPR Services, or its products or services.
 - 2. No access to the NAPR World Job Bank or Candidate Sourcing Programs
 - 3. No voting rights.

Dues Schedule Effective October 12, 2010

(Contributions or gifts to NAPR are not deductible as charitable contributions for federal income tax purposes; however, dues payments are deductible by members as an ordinary and necessary business expense.)

INSTITUTIONAL MEMBERS

The Institutional Membership fee is \$275 per year.

A one-time, non-refundable, non-creditable processing fee of \$50 must accompany the membership application. The membership dues year runs from January 1 through December 31.



Institutional Membership Application

I hereby make application for Institutional membership in the National Association of Physician Recruiters and agree to be governed by its Bylaws and Standards of Ethical Practices and to promote the objectives of the Association, as long as I am a member.

NAME OF INDIVIDUAL _____
COMPANY NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
TELEPHONE # _____ TOLLFREE# _____ FAX# _____
E-MAIL _____ WEBSITE/URL _____
ARE YOU IN-HOUSE? Yes No

HISTORY (All questions must be completed)

TOTAL YEARS IN PHYSICIAN RECRUITING: _____
NUMBER OF PHYSICIANS YOU HAVE PLACED/RECRUITED:
LAST YEAR? _____
TOTAL ALL YEARS? _____

APPLICATION PROCESSING FEE & DUES

Institutional membership in NAPR is for individuals employed as In-House recruiters. A ONE-TIME, NONREFUNDABLE, NON-CREDITABLE processing fee of \$50.00 payable in U.S. dollars must accompany your completed membership application. Dues are \$275 on a calendar year basis from January 1 to December 31 each year.

In addition, members will be expected to pay annual membership dues payable in U.S. dollars in accordance with the current dues schedule at the time of application (see previous page). The amount of dues is subject to change by the NAPR Board of Directors.

STATEMENT OF UNDERSTANDING/AGREEMENT TO COMPLY WITH NAPR CODE OF ETHICS

I have read and hereby subscribe to the Code of Ethics and the Physician Recruitment Standards of Practice and Procedures of the National Association of Physician Recruiters (NAPR). I accept compliance with the Code and Standards as a requirement for holding membership in NAPR and acknowledge by my signature that the violation of any section thereof subjects my organization to expulsion by the NAPR Board of Directors as provided by the Bylaws.

I understand that the name of our organization will be circulated to the current NAPR members for comment. I authorize the NAPR Board of Directors to contact any sources of information pertaining to the membership eligibility of my organization. I understand that my signature below signifies that the information contained in this application is true and accurate.

SIGNED: _____ DATE: _____
PRINT OR TYPE FULL NAME HERE: _____
TITLE: _____ SPONSORING MEMBER (IF APPLICABLE): _____

PAYMENT SECTION

Total Amount Paid: \$ _____ includes _____ \$50 Application Fee _____ \$275 Annual Dues
Payment Method: Check payable to NAPR enclosed for \$ _____ Check # _____
Credit Card Type: _____ MasterCard ___ Visa ___ American Express Amount to Charge: _____
Account #: _____ Exp. Date: _____
Cardholder's Name: _____ Cardholder's Signature: _____

FOR OFFICE USE ONLY: DATE: _____ REF# _____ AMOUNT \$ _____

Please mail or fax (credit card payments only) with payment to:
NAPR Headquarters, 222 S. Westmonte Drive, Suite 101, Altamonte Springs, FL 32714; fax: 407-774-6440.