



Pennsylvania Association
for Health Care Risk Management

Name: _____

Name: _____

*Name: _____

Organization _____

Address: _____

PAHCRM 2018 Membership Renewal

_____ \$50.00 for one membership

_____ \$100.00 for two memberships with one free member from facility

(If paying for joint membership from a facility please include the name of each member.)

Pay by check or money order to:

Pennsylvania Association for Health Care Risk Management

Send payment and a copy of this invoice to:

Lancaster General Health/Penn Medicine

c/o Michele Crum, RN, MSM, CPHRM

Manager, Risk Department

Treasurer, Pennsylvania Association of Health Care Risk Management
(PAHCRM)

555 N. Duke Street, PO Box 3555

Lancaster, PA 17604