



Please check appropriate box:

New Member

Renewing Member

2017 Membership Enrollment Form

Please complete form & mail it with your check to the address below.

The information listed below will be posted on our website in the *Current Members* section.

COMPANY NAME: _____

CONTACTS (include Name, Title & E-mail address for every individual in your organization who wishes to be on the DAHRM e-mail list):

BUSINESS ADDRESS: _____

CITY, STATE & ZIP: _____

WORK PHONE: _____

COMPANY WEBSITE: _____

BRIEF BUSINESS DESCRIPTION (25-30 words max.): _____

Do you wish to receive e-mails from our members not related to DAHRM events/issues?

Yes No

Please include a check made out to *DAHRM* for \$30.00 and mail to:

DAHRM
P.O. Box 466
Durango, CO 81302

Membership dues are payable by March 31, 2017 for the 2017 calendar year.

Please note: Membership dues of \$30.00 cover all employees at a single work location for January-December. Please list ALL individuals in the "Contacts" section, above, using additional paper if needed. If you have questions about your membership, contact Mandy Clark mandyc@tchs4c.org or visit our website at www.dahrm.org.