



# Application For Membership

We appreciate your interest in becoming a member of HRMA . **Please return your completed application with check or credit card information to HRMA, P.O. Box 25006, St. Louis, MO 63125 or fax it to (314) 845-1891.** Call HRMA (314) 892-7994 with questions about the application or membership process.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_

Zip Code \_\_\_\_\_ Tele: \_\_\_\_\_ Fax \_\_\_\_\_

Business E-Mail Address: \_\_\_\_\_ Home E-mail Address: \_\_\_\_\_

**Membership category to which you are applying [please check one]:**

*Regular* (1) Active members who are engaged primarily in the practice, consulting or teaching in the field of Human Resources.

*Life* (2) Retired from active HR work with 10 years or longer Regular membership.

*Student* (3) Please provide proof of current standing as a full-time student.

Referred by: \_\_\_\_\_

Membership will be paid by:  My Company (1)  Myself (2)  Shared Cost (3)

What is your primary purpose for joining HRMA? \_\_\_\_\_

Please describe your current responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For the following items, please select only one item unless otherwise indicated:**

**1. Percentage of duties related to Human Resources responsibilities:**

Less than 20% (1)  20% - 40% (2)  40% - 60% (3)  Over 60% (4)

**2. Main function within your current responsibilities:**

Generalist (1)  Specialist (2)  Consulting (3)  
 Research/Education (4)  Attorney (5)  Vendor Services (6)

**3. Specialist function(s) within your current responsibilities [please check all that apply]:**

Benefits (1)  Compensation (2)  EEO/AAP (3)  
 Employee Relations (4)  HRIS (5)  Health/Safety/Security (6)  
 International (7)  Staffing (8)  Training/Development (9)  
 Labor Relations (10)

**4. Industry (NAICS) Classification:** [see [www.census.gov/epcd/naics02/naico602.htm](http://www.census.gov/epcd/naics02/naico602.htm)]

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Agriculture (1)                 | <input type="checkbox"/> Mining (2)             | <input type="checkbox"/> Utilities (3)           | <input type="checkbox"/> Construction (4)           |
| <input type="checkbox"/> Manufacturing (5)               | <input type="checkbox"/> Wholesale Trade (6)    | <input type="checkbox"/> Retail Trade (7)        | <input type="checkbox"/> Information (8)            |
| <input type="checkbox"/> Transportation/Warehousing (9)  | <input type="checkbox"/> Finance/Insurance (10) | <input type="checkbox"/> Real Estate (11)        | <input type="checkbox"/> Professional Services (12) |
| <input type="checkbox"/> Admin/Support Services (13)     | <input type="checkbox"/> Education (14)         | <input type="checkbox"/> Health Care/Social (15) | <input type="checkbox"/> Arts/Entertainment (16)    |
| <input type="checkbox"/> Accommodation/Food Service (17) | <input type="checkbox"/> Other Services (18)    | <input type="checkbox"/> Public Sector (19)      |   |

**5. Title Classification:**

- |  |   |   |  |                                       |
|--|---|---|--|---------------------------------------|
| <input type="checkbox"/> President/Owner (1) | <input type="checkbox"/> Vice President (2)     | <input type="checkbox"/> Partner (3)      | <input type="checkbox"/> Attorney (4)        | <input type="checkbox"/> Educator (5) |
| <input type="checkbox"/> Director (6)        | <input type="checkbox"/> Manager/Supervisor (7) | <input type="checkbox"/> Professional (8) | <input type="checkbox"/> Assistant/Admin (9) |                                       |

**6. Number of Employees at your facility/site/location:**

- |                                      |                                       |  |  |
|--------------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> 1-10 (1)    | <input type="checkbox"/> 11-50 (2)    | <input type="checkbox"/> 51-100 (3)    | <input type="checkbox"/> 101-250 (4)   |
| <input type="checkbox"/> 251-500 (5) | <input type="checkbox"/> 501-1000 (6) | <input type="checkbox"/> 1001-5000 (7) | <input type="checkbox"/> Over 5000 (8) |

**7. Number of HR-related employees at your facility/site/location:**

- |                                  |                                  |                                   |                                    |                                    |                                      |
|----------------------------------|----------------------------------|-----------------------------------|------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> 1-2 (1) | <input type="checkbox"/> 3-5 (2) | <input type="checkbox"/> 6-10 (3) | <input type="checkbox"/> 11-20 (4) | <input type="checkbox"/> 21-50 (5) | <input type="checkbox"/> Over 50 (6) |
|----------------------------------|----------------------------------|-----------------------------------|------------------------------------|------------------------------------|--------------------------------------|

**8. Number of years experience in Human Resources:**

- |  |                                  |                                   |                                    |                                    |                                      |
|--|----------------------------------|-----------------------------------|------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Less than 2 (1) | <input type="checkbox"/> 2-5 (2) | <input type="checkbox"/> 6-10 (3) | <input type="checkbox"/> 11-15 (4) | <input type="checkbox"/> 16-25 (5) | <input type="checkbox"/> Over 25 (6) |
|--|----------------------------------|-----------------------------------|------------------------------------|------------------------------------|--------------------------------------|

**9. Highest post-secondary educational degree achieved:**

- |   |   |                                       |                                   |  |
|---|---|---------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Associates/Technical (1) | <input type="checkbox"/> Bachelor's (2) | <input type="checkbox"/> Master's (3) | <input type="checkbox"/> J.D. (4) | <input type="checkbox"/> Doctorate (5) |
|---|---|---------------------------------------|-----------------------------------|--|

**10. Certification(s) earned and currently active [please check all that apply]:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> PHR (1) Year Rcvd _____ | <input type="checkbox"/> SPHR (2) Year Rcvd _____ | <input type="checkbox"/> GPHR (3) Year Rcvd. _____ |
| <input type="checkbox"/> Other (4) _____         |   |  |

**11. Seeking Certification(s) [please check all that apply]:**

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> PHR (1) Date _____ | <input type="checkbox"/> SPHR (2) Date _____ | <input type="checkbox"/> GPHR (3) Date _____ | <input type="checkbox"/> Other (4) _____ |
|---|--|--|--|

**12. Other HR related organizations, national or local, to which you belong [please check all that apply]:**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> SHRM (1)          | <input type="checkbox"/> AAIM (2)                      | <input type="checkbox"/> ASTD (3)         | <input type="checkbox"/> Comp. & Benefits Network (4) |
| <input type="checkbox"/> EBIA (5)          | <input type="checkbox"/> EMA (6)                       | <input type="checkbox"/> NAAHR (7)        | <input type="checkbox"/> NHRA (8)                     |
| <input type="checkbox"/> World-at-Work (9) | <input type="checkbox"/> Industry specific HR org (10) | <input type="checkbox"/> Other (11) _____ |   |

**13. How did you learn about HRMA?**

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Friend (1)               | <input type="checkbox"/> Work-related source (2)    | <input type="checkbox"/> Publication (3) | <input type="checkbox"/> Past HRMA Member (4) |
| <input type="checkbox"/> Membership Committee (5) | <input type="checkbox"/> Student-related source (6) | <input type="checkbox"/> SHRM (7)        | <input type="checkbox"/> HRMA Website (8)     |
| <input type="checkbox"/> Current HRMA Member (9)  |   |  |   |

**14. Please indicate the committees and/or Chapter activities in which you would like to be involved:**

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Certification (1)        | <input type="checkbox"/> Communications (2)        | <input type="checkbox"/> Diversity (3)         | <input type="checkbox"/> International (4)           |
| <input type="checkbox"/> Legislative Affairs (5)  | <input type="checkbox"/> Membership (6)            | <input type="checkbox"/> Mentoring (7)         | <input type="checkbox"/> Programs (8)                |
| <input type="checkbox"/> Special Programs (9)     | <input type="checkbox"/> University Relations (10) | <input type="checkbox"/> Vendor Relations (11) | <input type="checkbox"/> Volunteer Coordination (12) |
| <input type="checkbox"/> Workforce Readiness (13) | <input type="checkbox"/> Social/Networking (14)    |  |  |

*This code of conduct for the members of HRMA has been adopted to promote and maintain the highest standards among its members.*

- ◆ *Our mission is to foster the professional development of our membership, to be a forum for the exchange of ideas, and to provide for the creative leadership and effective management of people, for the benefit and value to the organizations our members represent and the community at large.*
- ◆ *HRMA members are expected to refrain from using any official position to secure special privilege, gain, or benefit for themselves or their companies.*
- ◆ *Further, members are prohibited from using HRMA meetings or activities as a forum to solicit business or further their commercial or vested interest or the interests of any public regulatory body.*
- ◆ *A member engaging in conduct injurious to the Human Resources Management Association or a member who violates the principles of HRMA may be expelled or requested to resign by the Executive Committee after being given a fair hearing.*

*I have accurately completed the application and agree to abide by the HRMA Code of Conduct as set forth above. I hereby apply for membership as indicated.*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Payment Information:**

Please mail check made payable to HRMA to P.O. Box 25006, St. Louis, MO 63125 or provide credit card information below.

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_ V-Code \_\_\_\_\_