



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, 1693 S. Hanley Rd., St. Louis, MO 63144 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 Student

Referred by: _____

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 1693 S. Hanley Rd., St. Louis, MO 63144 or provide credit card information below.

Name on Card: _____ Signature: _____

Card Number: _____ Expiration Date: _____ V-Code: _____

For prorated amount due, please call 314-892-7994

New Member Survey

Name: _____

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]

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

5. Title Classification:

President/Owner (1) Vice President (2) Partner (3) Attorney (4) Educator (5)
 Director (6) Manager/Supervisor (7) Professional (8) Assistant/Admin (9)

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

1-10 (1) 11-50 (2) 51-100 (3) 101-250 (4)
 251-500 (5) 501-1000 (6) 1001-5000 (7) Over 5000 (8)

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

1-2 (1) 3-5 (2) 6-10 (3) 11-20 (4) 21-50 (5) Over 50 (6)

8. Number of years experience in Human Resources:

Less than 2 (1) 2-5 (2) 6-10 (3) 11-15 (4) 16-25 (5) Over 25 (6)

9. Highest post-secondary educational degree achieved:

Associates/Technical (1) Bachelor's (2) Master's (3) J.D. (4) Doctorate (5)

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

PHR (1) Year Rcvd _____ SPHR (2) Year Rcvd _____ GPHR (3) Year Rcvd. _____
 Other (4) _____

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

PHR (1) Date _____ SPHR (2) Date _____ GPHR (3) Date _____ Other (4) _____

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

SHRM (1) AAIM (2) ASTD (3) Comp. & Benefits Network (4)
 EBIA (5) EMA (6) NAAHR (7) NHRA (8)
 World-at-Work (9) Industry specific HR org (10) Other (11) _____

13. How did you learn about HRMA?

Friend (1) Work-related source (2) Publication (3) Past HRMA Member (4)
 Membership Committee (5) Student-related source (6) SHRM (7) HRMA Website (8)
 Current HRMA Member (9)

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

Certification (1) Communications (2) Diversity (3) International (4)
 Legislative Affairs (5) Membership (6) Mentoring (7) Programs (8)
 Special Programs (9) University Relations (10) Business Partners (11) Volunteer Coordination (12)
 Workforce Readiness (13) Social/Networking (14) Community Service/Relations (15)