



Application For Membership

1693 S. Hanley Rd. * St. Louis * Missouri * 63144

Phone: (314) 892-7994 * Fax: (314) 845-1891

hrma@hrmastl.org * www.hrmastl.org

Name _____

Certification PHR SPHR GPHR
OTHER _____

Title _____

Company Name _____

Company Address _____

City _____ State _____ Zip _____

Phone _____

Business Email _____

Home Email _____

How did you hear about HRMA?

- I am a previous HRMA member
 A current member (list member)

Colleague (please explain)

Attended a meeting as a guest

LinkedIn

HRMA Website

SHRM State Conference

Student-related source (explain)

Non-HRMA event (explain)

Other (explain)

I hereby apply for membership in the Human Resource Management Association of Greater St. Louis.

_____ Date _____

Signature

Membership will be processed within 7-10 business days of receipt of application and payment. You will receive a welcome email containing information about your membership as well as your user name and password for the members only section of the website.

Membership Categories

HRMA is an individual membership organization; there are no corporate memberships. The member year runs July-June. Annual dues are \$255 for regular and business partner members and include all meeting fees. This rate will be prorated for individuals joining between November 1 and May 31. Please select a membership category.

- Regular member (practitioner of HR)
 Student member - full time students, \$75 annually (attach transcript, schedule, or other verification of student status)
 Business partner member (individual who provides a service or product to HR professionals)

Payment Options

- Check enclosed (made payable to HRMA)
 Credit Card

I authorize HRMA to charge my credit card \$ _____

Name As It Appears On Card _____

Credit Card # _____

Expiration Date _____ V-code _____

Signature _____

Volunteer Opportunities

HRMA's ability to provide excellent service to our members and to the HR profession is due to the many volunteer efforts of our members. We have a variety of committees, listed below, to which you can be of service. Please check any of the committees for which you'd like to be contacted about participating.

_____ Business Partners

_____ Certification

_____ Communications

_____ Community Service

_____ Newsletter _____

_____ Diversity

_____ Website _____

_____ International

_____ Social Media _____

_____ Legislative Affairs

_____ Membership

_____ Mentoring

_____ Programs

_____ SHRM Foundation

_____ Social/Networking

_____ Univ. Relations

_____ Workforce Readiness



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Demographics

What is your primary job function? _____

- | | |
|------------------------|---------------------------------|
| 1 HR Generalist | 2 Administrative |
| 3 Benefits | 4 Compensation |
| 5 Communications | 6 Consultant, Independent |
| 7 Diversity | 8 Consultant, multi person firm |
| 9 Employee Relations | 10 EEO/Affirmative Action |
| 11 HRIS | 12 Employee Asst. Programs |
| 13 International HRM | 14 Employment/Recruitment |
| 15 Legal | 16 Health, Safety, Security |
| 17 Labor/Ind Relations | 18 Manage Outsourced HR |
| 19 Relocation | 20 Organizational Development |
| 21 Research | 22 Strategic Planning |
| 23 Training/Dev. | 24 Other _____ |

What is your job position? _____

- | | |
|-----------------------|-----------------------------|
| 1 President/CEO | 2 Partner, Principal |
| 3 VP/Asst. VP | 4 Director/Asst. Director |
| 5 Manager, Generalist | 6 Supervisor |
| 7 Specialist | 8 Administrator |
| 9 Coordinator | 10 Representative/Associate |
| 11 Legal Counsel | 12 Academician |
| 13 Consultant | 14 Other _____ |

Which best describes your industry? _____

- | | |
|----------------------|---------------------------------|
| 1 Agriculture | 2 Construction, Mining, Gas/Oil |
| 3 Arts/Entertainment | 4 Assn-Professional/Trade |
| 5 Biotech | 6 Education |
| 7 Consulting | 8 Finance/Insurance |
| 9 Legal | 10 Government/Public Admin |
| 11 Retail Trade | 12 Wholesale Trade |
| 13 Manufacturing | 14 Health Care |
| 15 Pharmaceutical | 16 Information |
| 17 Real Estate | 18 Admin/Support Services |
| 19 Public Sector | 20 Publishing/Media |
| 21 Utilities/Energy | 22 Accommodation/Food Svc |
| 23 Transportation | 24 Telecommunications |
| 25 Other Services | |

Number of Employees at Your Location _____

- | | | |
|------------|-------------|-------------|
| 1 1-10 | 2 11-20 | 3 21-50 |
| 4 51-100 | 5 101-250 | 6 251-500 |
| 7 501-1000 | 8 1001-5000 | 9 Over 5000 |

Year You Entered the HR Profession _____

Seeking Certification _____

- | | | | |
|-------|--------|--------|---------|
| 1 PHR | 2 SPHR | 3 GPHR | 4 Other |
|-------|--------|--------|---------|

Highest Post-Secondary Education Received _____

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

Other HR Related Organizations to which you belong (select all that apply)

- | | | |
|---------------------------------|-------------------|-----------------------|
| _____ 1 SHRM | _____ 2 AAIMEa | _____ 3 ASTD |
| _____ 4 Comp & Benefits Network | _____ 5 EBIA | |
| _____ 6 NAAHR | _____ 7 NHRA | _____ 8 World-At-Work |
| _____ 9 Lewis and Clark SHRM | _____ Other _____ | |

Voluntary Self-Identification

Please select the appropriate designation

- _____ Hispanic or Latino
- _____ White (not Hispanic or Latino)
- _____ Black or African (not Hispanic or Latino)
- _____ Native Hawaiian/Pacific Islander (not Hispanic or Latino)
- _____ Asian (not Hispanic or Latino)
- _____ American Indian/Alaska Native (not Hispanic or Latino)
- _____ Two or More Races (not Hispanic or Latino)

Please check all of the below designations with which you identify

- _____ Lesbian, Gay, or Bisexual
- _____ Disabled
- _____ Female
- _____ Male
- _____ Transgender

Please complete the following veteran/military information

- _____ Not a veteran
- _____ Separated veteran Discharge Date _____
- _____ Currently active military personnel
- Branch _____
- Rank _____
- Years of Service _____

We look forward to your participation!