



Application For Membership

We appreciate your interest in becoming a member of HRMA and are pleased to send you this membership application and information brochure. All applications are screened against the membership guidelines contained in the brochure and, if appropriate, presented to the Executive Board for consideration. **Please return your completed application to HRMA, P.O. Box 25006, St. Louis, MO 63125 or fax it to (314) 845-1891.** Call Mason Duchatschek (314) 647-8550 or HRMA (314) 892-7994 with questions about the application or membership process.

Name: _____

Title: _____

Company Name: _____

Address: _____ City _____ State: _____

Zip Code _____ Tele: _____ Fax _____

E-Mail Address: _____

I wish to receive my monthly newsletter via: E-mail Fax U.S. Mail

Membership Category: Regular Alternate for: _____

Replacement for: _____ Life Membership

Membership will be paid by: My Company Myself

Please describe your current responsibilities: _____

Percentage of duties related to Human Resources responsibilities:

Less than 20% (A) 20% - 40% (B) 40% - 60% (C) over 60% (D)

Functions within your current responsibilities:

<input type="checkbox"/> Generalist (A)	<input type="checkbox"/> Personnel Research (B)	<input type="checkbox"/> HR Information Systems (C)
<input type="checkbox"/> Compensation (D)	<input type="checkbox"/> Employee Relations (E)	<input type="checkbox"/> EEO/AAP (F)
<input type="checkbox"/> Benefits (G)	<input type="checkbox"/> Consulting (H)	<input type="checkbox"/> Total Quality Management (I)
<input type="checkbox"/> Labor Relations (J)	<input type="checkbox"/> Training & Development (K)	<input type="checkbox"/> Executive Search (L)
<input type="checkbox"/> Employment (M)	<input type="checkbox"/> Health, Safety, Security (N)	<input type="checkbox"/> Outplacement (O)
<input type="checkbox"/> International (P)	<input type="checkbox"/> Communications (Q)	<input type="checkbox"/> Organizational Development (R)

Industry Classification (check all which apply):

<input type="checkbox"/> Bank/Finance (A)	<input type="checkbox"/> Education (B)	<input type="checkbox"/> Government (C)	<input type="checkbox"/> Service (D)
<input type="checkbox"/> Retail/ Wholesale (E)	<input type="checkbox"/> Manufacturing (F)	<input type="checkbox"/> Health Care (G)	<input type="checkbox"/> Non-Profit (H)
<input type="checkbox"/> Utilities (I)	<input type="checkbox"/> Transportation (J)	<input type="checkbox"/> Insurance (K)	<input type="checkbox"/> Consulting (L)

Title Classification:

<input type="checkbox"/> Vice President (A)	<input type="checkbox"/> Director (B)	<input type="checkbox"/> Manager (C)	<input type="checkbox"/> Supervisor (D)	<input type="checkbox"/> Specialist (E)
<input type="checkbox"/> Assistant (F)	<input type="checkbox"/> Consultant (G)	<input type="checkbox"/> Attorney (H)	<input type="checkbox"/> Analyst (I)	<input type="checkbox"/> Educator (J)
<input type="checkbox"/> Pres./Owner (K)	<input type="checkbox"/> Coordinator (L)	<input type="checkbox"/> Generalist (M)	<input type="checkbox"/> Administrator (N)	<input type="checkbox"/> Associate (O)

Number of Employees at your location:

1-10 (A) 10-100 (B) 101-250 (C) 251-500 (D) 501-750 (E)
 751-1,000 (F) 1,001-2,000 (G) 2,001-5,000 (H) 5,001-10,000 (I) 10,001-20,000 (J)
 over 20,000 (K)

Number of Employees entire organization:

1-100 (A) 101-250 (B) 251-500 (C) 501-750 (D) 751-1,000 (E)
 1,001-2,000 (F) 2,001-5,000 (G) 5,001-10,000 (H) 10,001-25,000 (I)
 over 25,000 (J)

Number of Human Resources Professionals in your entire organization (approximate):

1-5 (A) 6-10 (B) 11-25 (C) 26-50 (D) over 50 (E)

Number of staff in your department:

1-5 (A) 6-10 (B) 11-25 (C) 26-50 (D) over 50 (E)

Number of years experience in Human Resources (total):

0-5 (A) 6-10 (B) 11-15 (C) 16-25 (D) over 25 (E)

Educational Background (please identify college or university attended):

Bachelor's Degree Master's Degree Ph.D./Ed.D./J.D.

Accreditation and year received:

PHR (A) SPHR (B) CCP (C) CEBS (D) ASP (E)
 CSP (F) OHST (G) Other (H) _____

Other HR related organizations, national or local:

SHRM Nationally (A) Comp. & Benefits Network (B) Industry specific HR org. (C)
 ASTD Nationally (D) ASTD Locally (E) Employment Mgmt. Assoc. (F)
 Emp. Benefits Assoc. (G) ACA (H) AAIM (I)
 Gateway HR (J) Other (K) _____

How did you learn about HRMA?

Friend (A) Supervisor (B) Work Colleague (C) HR Publication (D)
 HR Mem.Comm (E) Predecessor (F) Was Past Member (G) Student Org. (H)
 SHRM (I) HRMA Website (J) Other (J) _____

Please check a committee or other type of Chapter Activity in which you would like to be involved:

Chapter Committee:

Certification/HRCI exam (A) Vendor Relations (B) Communications (C)
 Recruit/New Mem.Liaison (D) Mentoring (E) Univ.Rel./Student Chptr. (F)
 Program/Seminars (G) Legislative Affairs (H) Roster (I)
 Merit Award Applications (J) Recognition (K) International (L)
 Serving as a speaker (M) New/Special Programs (N) Introducing a speaker (O)
 Marketing/Promotions (P) Reservations (Q) Diversity (R)

I have read the requirements for membership as set forth in the brochure and have accurately completed the application. I hereby apply for membership as indicated.

SIGNATURE _____ DATE _____