



Application For Membership

We appreciate your interest in becoming a member of HRMA and are pleased to send you this membership application and membership materials. All applications are screened against the membership guidelines set forth and 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 Lorraine Goffe-Rush (314) 935-8046 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: _____

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

Regular (1) If applicable: Alternate for _____ or Replacement for _____

Contributing (2) [Active members in good standing for at least 5 years as a practitioner or consultant who are allowed to renew their memberships regardless of their employment status, unless their employment status dictates membership in the Sponsor category.]

Life (3) [Retired from active HR work with 10 years or longer Regular membership.]

Sponsor (4) [Vendor applicants who do not qualify for membership in any other category.]

Student (5) [Please provide proof of current standing as a full-time student.]

If applicable: Referred by _____

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

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) Labor Relations (3)
 Consulting (4) Research/Education (5) Attorney (6)
 Vendor Services (7)

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)

4. Industry (NAICS) Classification: [see 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. Is your facility/site/location part of a multi-site organization?

- No [Skip item 8 and go to item 9] Yes [Proceed to item 8]

8. Number of Employees for your entire organization:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> 1-100 (1) | <input type="checkbox"/> 101-250 (2) | <input type="checkbox"/> 251-500 (3) | <input type="checkbox"/> 501-1000 (4) |
| <input type="checkbox"/> 1001-5000 (5) | <input type="checkbox"/> 5001-10000 (6) | <input type="checkbox"/> 10001-25000 (7) | <input type="checkbox"/> Over 25000 (8) |

9. Number of HR-related employees in your entire organization:

- | | | | | | |
|----------------------------------|----------------------------------|-----------------------------------|------------------------------------|------------------------------------|--------------------------------------|
| <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) |
|----------------------------------|----------------------------------|-----------------------------------|------------------------------------|------------------------------------|--------------------------------------|

10. 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) |
|--|----------------------------------|-----------------------------------|------------------------------------|------------------------------------|--------------------------------------|

11. 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) |
|---|---|---------------------------------------|-----------------------------------|--|

12. 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) _____ | | |

13. 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) _____ | |

14. 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 Membership (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) |

15. Please indicate a maximum of three (3) 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"/> Community Services (3) | <input type="checkbox"/> Diversity (4) |
| <input type="checkbox"/> International (5) | <input type="checkbox"/> Legislative Affairs (6) | <input type="checkbox"/> Marketing/Promotions (7) | <input type="checkbox"/> Membership (8) |
| <input type="checkbox"/> Mentoring (9) | <input type="checkbox"/> Programs (10) | <input type="checkbox"/> Roster (11) | <input type="checkbox"/> Serving as a speaker (12) |
| <input type="checkbox"/> Special Programs (13) | <input type="checkbox"/> University Relations (14) | <input type="checkbox"/> Vendor Relations (15) | |

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

SIGNATURE _____ DATE _____