

Date: _____

AHRD | 1000 Westgate Drive, Suite 252 | St. Paul, MN 55114

Fax: 651.290.2266 | Phone: 651.290.7466

Web: www.ahrd.org

Personal Information

Revised 8/2019

Prefix: _____ Name: _____

Nickname: _____

Address: _____

City: _____ State/Province: _____ Zip: _____

Country: _____ Postal Code: _____

Phone: _____ Cell: _____ Fax: _____

Web Address: _____ Preferred Email: _____

Degree/Designation: _____ Gender: Male Female

Work Information

Organization: _____

Position: _____ Department: _____

Address: _____

City: _____ State/Province: _____ Zip: _____

Country: _____ Postal Code: _____

Phone: _____ Toll Free: _____ Fax: _____

Preferred Mailing Address: Home Work Remove me from the blast email list

Research Interest

Select all that apply

- | | | |
|---|---|---|
| <input type="checkbox"/> Action Learning | <input type="checkbox"/> Adult Education | <input type="checkbox"/> Career Development |
| <input type="checkbox"/> Cross Cultural HRD | <input type="checkbox"/> Diversity | <input type="checkbox"/> E-Learning |
| <input type="checkbox"/> Ethics | <input type="checkbox"/> HRM | <input type="checkbox"/> Human Resource Development |
| <input type="checkbox"/> Instructional Design | <input type="checkbox"/> International HRD | <input type="checkbox"/> Knowledge Management |
| <input type="checkbox"/> Leadership Development | <input type="checkbox"/> Organizational Development | <input type="checkbox"/> Strategic HRD |
| <input type="checkbox"/> Training and Development | <input type="checkbox"/> Workforce Development | <input type="checkbox"/> Other: _____ |

Mentoring Program

Yes, I would like to learn more about the mentoring program

Preferred Research Method

- | | | | |
|--|---|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Action Research | <input type="checkbox"/> Case Study | <input type="checkbox"/> Focus Groups | <input type="checkbox"/> Mixed |
| <input type="checkbox"/> Qualitative | <input type="checkbox"/> Qualitative and Quantitative | <input type="checkbox"/> Quantitative | <input type="checkbox"/> Surveys |
| <input type="checkbox"/> Other: _____ | | | |

Demographic Information

Academic Program Name: _____

College/School/Department: _____

Institution: _____

Continued on reverse

Check any that apply: <input type="checkbox"/> Full Time Faculty <input type="checkbox"/> Part Time Faculty <input type="checkbox"/> Other <input type="checkbox"/> Program Chair <input type="checkbox"/> Coordinator <input type="checkbox"/> Scholar <input type="checkbox"/> Scholar/Practitioner <input type="checkbox"/> Practitioner	Year started in HRD: _____ How did you hear about AHRD? <input type="checkbox"/> Website <input type="checkbox"/> AHRD Member <input type="checkbox"/> AHRD Publication <input type="checkbox"/> Other: _____
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Student Member:

\$130 annually, enrollment based on financial hardship, limited to three (3) years

Student members must be enrolled full-time in HRD educational programs at institutes of higher education. Student members must be a Graduate Assistant or equivalent, and provide details of financial hardship. Student members receive discounted registration rates for the AHRD International Research Conference in the Americas. There will be audits to verify enrollment. Student applications must include student advisor name, email and phone number.

If you have any questions about these qualifications, please email the Membership Chair at office@ahrd.org.

AHRD Special Interest Groups (SIGs): Select 2 for free with membership. Additional SIGs are \$15/each.

- China HRD Research Critical HRD & Social Justice Perspectives Cultural Diversity International
- Leadership Qualitative Inquiry Quantitative Research Methods Scholar-Practitioner Theory
- India HRD Faculty Learning & Development Virtual HRD Korea HRD

Total: _____

Journal	TOTAL ANNUAL Charge for Print Versions for AHRD Members
HRDQ	<input type="checkbox"/> \$33.00 (N. America) <input type="checkbox"/> \$41.00 (Elsewhere)
HRDI	<input type="checkbox"/> \$28.00
ADHR	<input type="checkbox"/> \$13.00
HRDR	<input type="checkbox"/> \$13.00

Payment *(all fields are required fields)*

- 1 year of student membership: \$130
- SIGs from above: \$ _____

Total: \$ _____

Journal Total: \$ _____

VISA MasterCard Check (payable to AHRD) **Amount Enclosed:** \$ _____

Card number: _____ Exp. Date: _____ 3-Digit Sec Code: _____

Signature: _____

Print name of cardholder: _____

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Policy Agreement:

I have read and grant consent to use my data as outlined in the [privacy policy](#)

Mail with payment to:

Academy of Human Resource Development
1000 Westgate Drive, Suite 252 | St. Paul, MN 55114
www.ahrd.org
Fax: 651.290.2266 | Phone: 651.290.7466

(For office use only)

initials		fin.
date		
CK/CC		
paid		