

MEMBERSHIP APPLICATION

Are you a: HR Practitioner General/Other / Member of SHRM? No Yes - Member # _____

Name First _____ Last _____ Preferred PIHRA Location _____

Professional Designation PHR® SPHR® GPHR® PHR-CA® SPHR-CA® _____

Company _____

Title _____

Company Address _____

City _____ State _____ Zip _____ Phone _____

Fax _____ E-mail _____

Dates employed in current position: (Mo/Yr) ___/___ to ___/___ Part Time Student Unemployed/In Transition

Alternate Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Send Mail to: Company Alternate Address

HR Functions Performed

- | | | |
|---|---|---|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Employee Assistance Programs | <input type="checkbox"/> Payroll |
| <input type="checkbox"/> Affirmative Action/EEO | <input type="checkbox"/> Employee Relations | <input type="checkbox"/> Policies and Procedures |
| <input type="checkbox"/> Benefits | <input type="checkbox"/> Employment Law | <input type="checkbox"/> Professor |
| <input type="checkbox"/> Career Management | <input type="checkbox"/> Employment/Recruitment | <input type="checkbox"/> Research |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Generalist | <input type="checkbox"/> Relocation |
| <input type="checkbox"/> Compensation | <input type="checkbox"/> HRIS/HRMS | <input type="checkbox"/> Safety/Health/Security |
| <input type="checkbox"/> Compliance | <input type="checkbox"/> International HR | <input type="checkbox"/> Student |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Labor Relations | <input type="checkbox"/> Training and Development |
| <input type="checkbox"/> Diversity | <input type="checkbox"/> Organizational Development | <input type="checkbox"/> Workers' Compensation |

Vendor Mailing List

We occasionally send emails offering programs, products, and services from HR service providers.

Please initial here _____ if you **do not** want to receive these mailings.

PIHRA's Online Membership Directory

PIHRA's online membership directory is searchable by other members. Please initial here _____ if you **do not** want to be listed in the directory.

Convenient Ways To Join

Web: www.pihra.org
Fax: (310) 416-9055
Mall: PIHRA
1515 W. 190th St., Suite 530
Gardena, CA 90248
Email: membership@pihra.org

How Did You Hear About Us?

- Previous PIHRA member (If known, PIHRA ID# _____)
 District Meeting
 Seminar / Event / Conference
 Website
 Membership Campaign
 Referred by a member _____

MEMBERSHIP APPLICATION

DEMOGRAPHICS INFORMATION

Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Company Revenue (in millions) <input type="checkbox"/> Less than \$10 <input type="checkbox"/> \$10 - \$25 <input type="checkbox"/> \$25 - \$50 <input type="checkbox"/> \$50 - \$100 <input type="checkbox"/> \$100+	Business & Industry Code <input type="checkbox"/> Advertising/Marketing <input type="checkbox"/> Aerospace <input type="checkbox"/> Agriculture/Forestry <input type="checkbox"/> Arts/Entertainment/Recreation <input type="checkbox"/> Biotech/Pharmaceutical <input type="checkbox"/> Communications <input type="checkbox"/> Construction/Engineer <input type="checkbox"/> Consulting <input type="checkbox"/> Consumer Services <input type="checkbox"/> Educational <input type="checkbox"/> Finance <input type="checkbox"/> Government <input type="checkbox"/> Health <input type="checkbox"/> Healthcare <input type="checkbox"/> Hospitality <input type="checkbox"/> Insurance <input type="checkbox"/> Legal <input type="checkbox"/> Manufacturing <input type="checkbox"/> Non-Profit <input type="checkbox"/> Oil & Gas	<input type="checkbox"/> Public Administration <input type="checkbox"/> Publishing/Printing <input type="checkbox"/> Real Estate <input type="checkbox"/> Restaurant/Food Service <input type="checkbox"/> Staffing <input type="checkbox"/> Technology <input type="checkbox"/> Transportation <input type="checkbox"/> Utilities/Energy <input type="checkbox"/> Warehouse <input type="checkbox"/> Wholesale/Retail <input type="checkbox"/> Other _____ _____ _____
Education <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Some College Beyond <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate	Race/Ethnic Identification <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other		
Company Size <input type="checkbox"/> 0 - 50 <input type="checkbox"/> 50 - 100 <input type="checkbox"/> 100 - 499 <input type="checkbox"/> 500 - 999 <input type="checkbox"/> 1000+	Years in HR <input type="checkbox"/> 0 - 5 <input type="checkbox"/> 5 - 10 <input type="checkbox"/> 10 - 15 <input type="checkbox"/> 15+		

MEMBERSHIP PAYMENT INFORMATION

PIHRA ANNUAL MEMBERSHIP DUES:

Cost of new membership: \$150

OR
Cost of Renewal: \$125

Promo Code (_____): (\$50*)

Total Due: _____

*Promo discount available for Part-Time students applies to new membership and renewal.

I prefer to pay by check (payable to PIHRA) PIHRA Tax ID# 95-2222999 (501C6)

I authorize PIHRA to charge my: D Visa D MasterCard D AMEX D Discover

Card Number _____ Expiration Date _____ CVV# _____

Card Holder's Name _____ Card Holder's Signature _____

I hereby apply for membership in Professionals In Human Resources Association and agree to abide by the By-Laws and pledge to practice and uphold Its Code of Ethics and help carry out the objectives of the Association. I understand and agree that I will not use my membership, the directory or services for monetary gain, and that the membership is granted to individuals and cannot be transferred to another person. I understand that dues are on a calendar basis and agree to pay the current applicable membership dues.

Applicant Signature: _____ Date: _____

AFFILIATE OF