



# michiana human resources association

## Membership Application

### APPLICANT INFORMATION

Name:		
Address:		
City:	State:	ZIP Code:
Phone:	Cell:	Email:

### EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
Type of Business and Products:		
Your Title:	Supervisor	Years with Firm:

List your primary HR duties and approximate % time spent on each:


Other duties and approximate % time spent on each:


Staff positions reporting to you:


Previous HR experience:


Educational Background:


Other professional clubs:

Are you a member of the Society for Human Resources Management:

Yes \_\_\_ No \_\_\_

If yes, membership number:

Purpose of applying for membership in MHRA:



michiana human resources association

# Membership Application

## SIGNATURES

I hereby apply for membership in the Michiana Human Resource Association and agree to pay \$75 membership dues per year. I recognize and accept the responsibilities incumbent to me as a member of the human resources profession. I pledge to practice and uphold the code of ethics of the Association and agree to abide by the by-laws and to assist in carrying out the objectives of the Association.

By applying for membership in the Michiana Human Resource Association I state that I am directly involved in human resources. I understand that the Executive Committee will review my application, and, if approved, I will be notified and invoiced for annual dues.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Date Interviewed by Executive Committee: \_\_\_\_\_

Recommended for Membership in MHRA: YES \_\_\_\_\_ NO \_\_\_\_\_

Executive Committee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: Monica Abair

Email: [monicaa@cornerstonecpagroup.com](mailto:monicaa@cornerstonecpagroup.com)