



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: mabair@goodwill-ni.org