

550 N. CONTINENTAL BOULEVARD, SUITE 120, EL SEGUNDO, CA 90245
PHONE: (310) 416-1210 FAX: (310) 416-9055 WEB SITE: www.pihra.org

MEMBERSHIP APPLICATION

Name: _____ Preferred District #: _____

Company: _____ Title: _____

Company Address: _____ City: _____ State: _____ Zip _____

Phone #: _____ Fax #: _____ E-mail: _____

Dates employed in current position: (Mo./Yr.) _____ / _____ to _____ / _____ Exempt Non-Exempt

Certification: PHR SPHR Are you a member of SHRM? NO YES - Member # _____

Alternate Address: _____ City: _____ State: _____ Zip _____

Phone #: _____ Fax #: _____ E-mail: _____

Send mail to: Company Alternate Address

HR Functions performed in current job

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

PREVIOUS HUMAN RESOURCES EXPERIENCE

Company: _____ Title: _____

Dates employed (Mo./Yr.) _____ / _____ to _____ / _____ Exempt Non-Exempt

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Dates employed (Mo./Yr.) _____ / _____ to _____ / _____ Exempt Non-Exempt

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Dates employed (Mo./Yr.) _____ / _____ to _____ / _____ Exempt Non-Exempt

CONVENIENT WAYS TO JOIN!

Web: <http://www.pihra.org>
Fax: (310) 416-9055
Mail: PIHRA
550 N. Continental Blvd.,
Suite 120
El Segundo, CA 90245

HOW DID YOU HEAR ABOUT US?

- Web Site
- District Meeting
- Seminar
- Conference
- Membership Campaign
- Referred by a member _____
Member Name

DEMOGRAPHIC INFORMATION (optional)

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+	Title <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Assistant Vice President <input type="checkbox"/> Director <input type="checkbox"/> Assistant Director <input type="checkbox"/> Manager <input type="checkbox"/> Supervisor <input type="checkbox"/> Specialist <input type="checkbox"/> Administrator <input type="checkbox"/> Representative <input type="checkbox"/> Legal Counsel <input type="checkbox"/> Academician <input type="checkbox"/> Consultant	<input type="checkbox"/> Educational <input type="checkbox"/> Finance <input type="checkbox"/> Government <input type="checkbox"/> Insurance <input type="checkbox"/> Health <input type="checkbox"/> Legal <input type="checkbox"/> Manufacturing <input type="checkbox"/> Non-Profit <input type="checkbox"/> Oil & Gas <input type="checkbox"/> Publishing/Printing <input type="checkbox"/> Real Estate <input type="checkbox"/> Technology <input type="checkbox"/> Transportation <input type="checkbox"/> Utilities <input type="checkbox"/> Wholesale/Retail
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"/> Bachelor's <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	Business & Industry Code <input type="checkbox"/> Advertising/Marketing <input type="checkbox"/> Agriculture/Forestry <input type="checkbox"/> Biotech/Pharmaceutical <input type="checkbox"/> Communication <input type="checkbox"/> Construction/Engineer <input type="checkbox"/> Consulting	
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 MEMBERSHIP DUES SCHEDULE

Dues cover the Membership for the calendar year. The membership fee is based on the date of your application for membership.

If you join between:

January 1st through June 30th
 Full Member \$125.00 (through current year)
 Non-Resident \$ 95.00 (through current Year)

July 1st through September 30th
 Full Member \$170.00 (through next year)
 Non-Resident \$125.00 (through next Year)

October 1st through December 31st
 Full Member \$147.00 (through next year)
 Non-Resident \$110.00 (through next Year)

Membership fee amount	\$ <u>170.00</u>
Non-refundable processing fee	\$ <u>25.00</u>
TOTAL	\$ <u>195.00</u>

Check Enclosed Visa MasterCard Amex

Name: _____

Card#: _____ Exp: _____

Signature: _____

I hereby apply for membership in Professional In Human Resources Association and agree to abide by the bylaws and pledge to practice and uphold its Code of Ethics and help carry out the objective 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: _____

FOR OFFICE USE ONLY:

Date Received: _____ / _____ / _____ Amount: _____ Check # _____ CR# _____
 Entered by _____ Date: _____ Batch# _____