



New Member Application
2024 Half Year Rate

Name _____

Date _____

Job Title _____

Yrs in HR _____

Company Name _____

Company Address _____

City/State/Zip _____

Preferred Email _____

Preferred Phone _____

Fax # _____

Current HR Certification (please check all that apply)

SHRM National Member

___ SHRM-CP

___ Yes ___ # of Years

___ SHRM-SCP

___ No

___ PHR

___ SPHR

___ GPHR

Primary Responsibilities in your role _____

Signature of Applicant _____

Date _____

Once completed, please e-mail to Membership Chair Meagen Wentz, meagen.wentz@niacc.edu. Your application will be reviewed by the Board of Directors. If you have any questions please feel free to contact Meagen at 641-422-4232. Thank you for your interest in the Human Resource Association of North Iowa.

Upon approval you will be invoiced for annual dues at the half year rate. Dues are as follows: \$62.50 for Non-SHRM members and \$50.00 for national SHRM members. In addition, you may contribute \$5.00 to the SHRM Foundation.

BOD Action Taken: ___ Not Approved ___ Approved-Membership Level: _____ Date Taken: _____

Appl notified on (date) _____ by _____ (M'ship Chair). Inv \$ _____ on _____ (date)