New Member Application

2024

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. Dues are as follows: $125.00 for Non-SHRM members and $100.00 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)