2017 MEMBERSHIP APPLICATION FORM

With an interest in the aims and purposes of the Tippecanoe Area Human Resources Association (TAHRA) and being willing to subscribe to its bylaws, I wish to apply for membership in the Association. In support of my membership qualifications, the following information is submitted.

|  |  |  |
| --- | --- | --- |
| GENERAL INFORMATION |  |  |
|  |  |  |
| *Last Name* | *First Name* | *Middle Initial*  |
|  |  |  |
| *Home Address* | *City* | *State* |
|  |  |  |
| *Zip* | *Phone Number* |  |
|  |  |  |
| *Current Employer* | *Position/Title with Business* |  |
|  |  |  |
| *Business Address* | *City* | *State* |
|  |  |  |
| *Zip* | *Phone Number* | *E-Mail Address* |

|  |  |  |
| --- | --- | --- |
| PRIOR BUSINESS EXPERIENCE |  |  |
|  |  |  |
| *1.) Name of Business* | *City/State* |  |
|  |  |  |
| *Employed From (Date)* | *To (Date)* | *Position/Title* |
|  |  |  |
| *Nature of Work* |  |  |
|  |  |  |
| *2.) Name of Business* | *City/State* |  |
|  |  |  |
| *Employed From (Date)* | *To (Date)* | *Position/Title* |
|  |  |  |
| *Nature of Work* |  |  |
|  |  |  |
| *3.) Name of Business* | *City/State* |  |
|  |  |  |
| *Employed From (Date)* | *To (Date)* | *Position/Title* |
|  |  |  |
| *Nature of Work* |  |  |

In the following space, briefly outline your areas of interest in the field of human resources and indicate the level and scope of your responsibility in your present assignment.

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| --- | --- | --- |
| BUSINESS ORGANIZATIONS/MEMBERSHIPS |  |  |
|  |  |  |
| Name of Organization | City/State |  |
|  |  |  |
| Active From (Date) | To (Date) | Office Held or Committee Membership |
|  |  |  |
| Name of Organization | City/State |  |
|  |  |  |
| Active From (Date) | To (Date) | Office Held or Committee Membership |
|  |  |  |
| Name of Organization | City/State |  |
|  |  |  |
| Active From (Date) | To (Date) | Office Held or Committee Membership |

|  |  |  |
| --- | --- | --- |
| REFERENCES |  |  |
| Please list three references below. It is desirable to include one member of the Tippecanoe Area Human Resources Association. |
|  |  |  |
| 1.) Name | Business | Phone Number |
|  |  |  |
| 2.) Name | Business | Phone Number |
|  |  |  |
| 3.) Name | Business | Phone Number |

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| OTHER INFORMATION |

The Tippecanoe Area Human Resources Association is an affiliate of the Society For Human Resource Management (SHRM). Please check the appropriate box, are you a SHRM member?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

|  |  |
| --- | --- |
| If yes, please provide your SHRM member number: |  |

Please check the appropriate box, do you hold any certifications?

|  |  |  |  |
| --- | --- | --- | --- |
|  | PHR |  | SPHR |
|  | SHRM - CP |  | SHRM – SCP |
|  | Other, please note:  |
|  | No Certification |

Please check the committee(s) on which you would be interested in serving.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Membership |  | Outreach |
|  | Legislative Affairs |  | Program |
|  | Diversity |  | Audit/Finance |
|  | Scholarship/College Relations |  | Communications |
|  | Sponsorship |  | Professional Development/Certification |
|  | Workforce Readiness |  |  |

Enclosed is a check or money order (made payable to TAHRA) for $50.00 to cover my membership dues for 2017 ($25.00 student rate). It is understood that if for any reason I should not be eligible for membership, this payment will not be refunded.

Applicant’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please mail or submit this completed application including dues payment to the address listed below. Your application will be reviewed and you will be contacted as to your membership status. Your membership dues will be held until your membership status has been approved. **TAHRA Treasurer, P.O. Box 5058, Lafayette, IN 47903 or** tahratreasurer@gmail.com with payment by PayPal.