2020 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* | *Personal E-Mail Address* |
|  |  |  |
| *Current Employer* | *Position/Title with Business* |  |
|  |  |  |
| *Business Address* | *City* | *State* |
|  |  |  |
| *Zip* | *Phone Number* | *Work 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***My company would be interested in sponsoring a program lunch***  |
|  | Legislative Affairs |  | Program |
|  | Diversity |  | Audit/Finance |
|  | Scholarship/College Relations |  | Communications |
|  | Sponsorship |  | Professional Development/Certification |
|  | Workforce Readiness |  |  |

**Enclosed is a PayPal receipt, check or money order (made payable to TAHRA) for $50.00 to cover my membership dues for 2020 ($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, at [https://tippecanoe.shrm.org/joinrenew-membership](https://tippecanoe.shrm.org/joinrenew-membership%20)