



HANOVER AREA HUMAN RESOURCE ASSOCIATION
2014 Membership Application

You may also apply on-line at www.hanoverareahra.org/membership.php

**For membership transfers or changes please contact membership@hanoverareahra.org

Company Name _____ # of Employees _____ <100 _____ 100+

Nature of Company's Business _____

Address _____ City _____ State _____ Zip _____

Phone _____ Referred by? _____

Person's name and company

Name _____

Email _____ Phone _____ Extension _____

SHRM Certification (PHR, SPHR, GPHR) _____ SHRM Membership # _____

**Must provide SHRM # to qualify for discounted rate **

Job Title/Duties _____

HAHRA Membership Designation

☐ Non-SHRM Member - \$65.00

☐ HAHRA Chapter Designated SHRM Member - \$40.00
(MUST submit Chapter Designation Form, located on page 2, with Application)

☐ Non-HAHRA Chapter Designated SHRM Member - \$50.00

☐ Student Membership - \$10.00
(MUST be enrolled in 12 credit hours to qualify as a full time student)

SAVE! If you aren't already a SHRM Member, join today and save \$15 with promo code 0118 at www.SHRM.org! PLUS if you designate HAHRA as your primary chapter and show proof of membership approval to SHRM and chapter designation, HAHRA will waive your first year's dues! By listing HAHRA as your primary chapter, we are able to maintain our SHRM affiliation so that we can continue to offer our members the benefits that will help aid in their professional development.

☐ 1st Year HAHRA Chapter Designated New SHRM Member– Free
(MUST submit Chapter Designation Form, located on page 2, & proof of new SHRM Membership w/ Application)

☐ 1st Year Non-HAHRA Chapter Designated New SHRM Member – \$30.00
(MUST provide proof of new SHRM membership)

Please mail completed Applications along with checks made payable to Hanover Area Human Resource Association to:

HAHRA
P.O. Box 1454
Hanover, PA 17331

Please remember in order to receive the discounted rates, you **MUST send the required info w/ this Application.

NOTE: All new membership applications will be presented to the Board for final approval.

Applicant Signature _____

Date _____



Chapter # ____0254____ Chapter Name ____Hanover Area Human Resource Association____

I hereby designate the above named chapter as my primary chapter for SHRM membership coding purposes. I understand that:

1. This in no way precludes membership in other chapters.
2. This allows SHRM to list my membership to this chapter for financial support program purposes only.

Please type or print:

NAME _____ SHRM MEMBER ID# _____
(You must be a current national member of the Society for Human Resource Management to complete this form.)

COMPANY NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE# _____

FAX _____

E-MAIL _____

Date: _____ Member's Signature _____
(Member must sign to validate)

**Please return this form via email to hahrachapter@gmail.com or mail to HAHRA, PO Box 1454,
Hanover, PA 17331