



HANOVER AREA HUMAN RESOURCE ASSOCIATION Membership Application

For membership transfers or changes please contact Jenn Kremenik at jkremenik@flowserve.com

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

Nature of Company's Business _____

Address _____ City _____ State _____ Zip _____

Name _____ Email _____

Phone _____ Ext. _____ SHRM Membership # _____

Must provide SHRM # to qualify for discounted rate

SHRM/HRCI Certifications _____

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, w/ 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 w/ Application)

Completed applications, along with required discount information, can be emailed directly to Jenn Kremenik at jkremenik@flowserve.com.

Invoices will be emailed directly to you after Final Board Approval is confirmed.

HAHRA offers the ability to securely pay your invoice via credit card directly online or if you prefer, you can print out the invoice and mail your payment directly to our P.O. Box at:

HAHRA
P.O. Box 1454
Hanover, PA 17331

Applicant Signature _____

Date _____



Chapter #:	<u>0254</u>
Chapter Name:	<u>Hanover Area Human Resource Association</u>

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#	
COMPANY NAME:	
ADDRESS:	
CITY/STATE/ZIP:	

PHONE#	
FAX	
E-MAIL:	

Date:	
Member's Signature	

(Member must sign to validate)