



Company Name \_\_\_\_\_ # of Employees \_\_\_\_\_ <100 \_\_\_\_\_ 100+

Nature of Company's Business \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Name** \_\_\_\_\_ **Email** \_\_\_\_\_

**Phone**      **Ext.**      **SHRM/HRCI Certifications**

Are you a SHRM Member?

Email associated w/ SHRM Membership

**Job Title/Duties** \_\_\_\_\_

## HAHRA Membership Designation

Professional Membership - \$60.00

Completed applications can be emailed directly to [hahramembership@gmail.com](mailto:hahramembership@gmail.com).

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

Applicant Signature

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Date