



NNMHRA
Northern New Mexico Human Resource Association
PO Box 32874
Santa Fe, NM 87594

2012 MEMBERSHIP APPLICATION/RENEWAL AND INVOICE

Please complete and return this form along with your payment to the above address. If you pay with PayPal, you may scan and email the application to nnmhra@gmail.com.

NNMHRA encourages you to become a member of our national professional association, The Society for Human Resource Management (SHRM). SHRM membership offers many opportunities for professional development and information regarding current HR issues. SHRM membership information is available at each chapter meeting or visit www.shrm.org.

I. MEMBER INFORMATION

Name _____ Title _____

Company _____

Mailing Address _____

City _____ State _____ Zip _____

Business Telephone _____ Fax _____

E-Mail _____

Certification (PHR/SPHR) _____

II. TYPE OF MEMBERSHIP (Please check membership category)

_____ RENEWAL – NNMHRA member since _____ *Please skip to Section IV.*

_____ NEW MEMBER – Please complete Sections II, III, IV, V.

Regular Membership: _____ 100% of your duties are human resource related, and you have at least 3 years work experience in the human resources field.

Associate Membership: _____ Less than 50% of your duties are human resource related, or you have less than three years work experience in the human resources field, or you have a bona-fide interest in human resources management.

Corporate Membership: _____ Up to 5 members may join from a corporation. Each member should be listed as a regular or associate member. (Please provide contact information for each corporate member in Section IV.)

_____ I am interested in the Los Alamos Satellite Chapter.

III. DEMOGRAPHICS:

PLEASE CLASSIFY YOUR COMPANY/ORGANIZATION BY INDUSTRY:

_____ Manufacturing _____ Government _____ Consultant _____ Utilities _____ Education
_____ Hospitality/Entertainment _____ Retail _____ Research & Development
_____ Other (please specify)_____

TOTAL NUMBER OF EMPLOYEES IN YOUR COMPANY/ORGANIZATION:

_____ 1 TO 25 _____ 26 TO 75 _____ 76 TO 150 _____ 151 TO 300 _____ 301 TO 500
_____ 501 TO 1000 _____ Greater than 1000

IV. AMOUNT DUE: *(Please check one)*

_____ Member of both NNMHRA and SHRM: **amount due = \$45.00.**
You must provide your SHRM membership number:_____

_____ Member of NNMHRA only: **amount due = \$60.00.**

_____ Corporate membership: (up to **5 members**) **amount due = \$175.00**

Please provide contact information for all corporate members IN ADDITION to the member listed under section I :

2. NAME _____ POSITION _____

PHONE _____ EMAIL _____ SHRM # _____

3. NAME _____ POSITION _____

PHONE _____ EMAIL _____ SHRM # _____

4. NAME _____ POSITION _____

PHONE _____ EMAIL _____ SHRM # _____

5. NAME _____ POSITION _____

PHONE _____ EMAIL _____ SHRM # _____

V. OPPORTUNITIES:

_____ I would be willing to be a resource for other members for networking purposes in my particular area of expertise. Area(s) of expertise include:

_____ I would like to volunteer for an NNMHRA committee or special project:

____ Membership ____ Legal Update ____ Fundraising ____ Other:_____