



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

2018 MEMBERSHIP APPLICATION/RENEWAL

JOIN DATE: _____

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/SHRM-CP/SHRM-SP) _____

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.)

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 9 digit SHRM membership number:** _____
___ Member of NNMHRA only: **amount due = \$60.00.**
___ Corporate membership: (up to **5 members**) **amount due = \$175.00**

Corporate Membership Information:

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. NNMHRA VOLUNTEER 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 to be considered for the NNMHRA Board of Directors

___ I would like to volunteer for a NNMHRA committee or special project:

___ Membership ___ Legal Update ___ Fundraising ___ Other: _____