



Human Resource Association of the Midlands

# Membership Application

Membership Category:  Regular  Associate  Student  Retiree  Lifetime (Past Presidents)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Business Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you a member of SHRM?  Yes  No If yes, enter member number \_\_\_\_\_

Certification:  PHR  SPHR  SHRM-CP  SHRM-SCP Other certifications \_\_\_\_\_

I would like to volunteer on a HRAM committee.

Select Committee:  Compensation & Benefits  Diversity  Government Affairs  Membership  Excel with a Mentor

Special Interest Groups (meet via email and as projects arise)

Certification  College Relations  Community Outreach

I would like to have my contact information posted online in the member's only section of the website.

HRAM sends out weekly e-mails to its members about HRAM and its activities. Please check this box if you DO NOT want to receive these e-mails.

In an effort to expand our programs please complete the demographic information.

**Gender:**

- Male
- Female

**Age:**

- Under 25
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75 and older

**Race/Ethnicity:**

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- White or Caucasian

**Education:**

- High School
- Some College
- Bachelor's Degree
- Some College Beyond Bachelor's
- Master's Degree
- MBA
- Doctorate

**Company Size:**

- Fewer than 100
- 100-499
- 500-999
- 1,000-2,499
- 2,500-4,999
- 5,000-7,999
- 8,000-10,499
- 10,500-24,999
- 25,000 and over

**Unit Level in Organization:**

- Plant
- Region
- Division
- Group

**Department Size:**

- Fewer than 5
- 5-9
- 10-24
- 25-49
- 50-99
- 100 and over

**Function:**

- HR Generalist
- Employment Recruitment
- Benefits
- Compensation
- Labor/Industrial Relations
- Training/Development
- Organizational Development
- Legal
- Health/Safety/Security
- Employee Relations
- EEO/Affirmative Action
- HRIS
- Consultant
- Administrative
- Diversity
- Other: (Please List)

**Business & Industry:**

- Agriculture, Forestry, Fishing
- Manufacturing
- Transportation
- Utilities
- Wholesale/Retail Trade
- Finance
- Insurance
- Services
- Health
- Real Estate
- Educational Services
- Government
- Construction & Mining
- Oil & Gas
- Newspaper Publishing & Broadcasting
- Nonprofit
- Independent Consultant
- Technology
- Other: (Please List)



# HRAM Membership Application

## 1 PICK YOUR MEMBERSHIP

### One Year Annual Rate—Membership valid 1/1 thru 12/31 of the current year

- \$90.00 One year Membership Rate for current SHRM Member  
SHRM Number: \_\_\_\_\_ (will be verified)
- \$100.00 One year Membership Rate for non-SHRM Member

### One Year Membership Drive Rate

Applicable to individuals joining the Annual Membership Drive from 10/1 thru 11/30 only. Membership valid 1/1 thru 12/31 of following year. NOTE: Individuals joining between 10/1 and 11/30 can join for the remainder of the current year by paying \$8 for each applicable month, in addition to paying the One Year Annual Rate.

Check applicable rate from above and additional months from below.

- \$8.00 October       \$8.00 November       \$8.00 December

### 18 Month Membership Rate

Applicable to individuals joining between 7/1 and 9/30 of the current year. Membership valid 7/1 of current year thru 12/31 of following year.

- \$140.00 18 Month Membership Rate for current SHRM Member  
SHRM Number: \_\_\_\_\_ (will be verified)
- \$150.00 18 Month Membership Rate for non-SHRM Member

## 2 SIGN ON THE LINE

I hereby apply for membership in Human Resource Association of the Midlands (HRAM) based on the parameters of membership as stated on the reverse side of this form and agree to pay the current applicable membership dues.

If accepted, I agree to follow the SHRM Code of Ethics.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

## 3 MAKE IT OFFICIAL

I authorize HRAM to charge my:     Visa     MasterCard     Amex     Discover

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_ Total Charge Amount: \$ \_\_\_\_\_

Email Receipt:  Y (Include email) /  N

Membership applications and payment can be mailed to HRAM at Rockbrook Village, 11060 Oak Street, Suite 5, Omaha, NE 68144 faxed to 402-932-1095 or emailed to staff@hram.org.

### FOR OFFICE USE ONLY:

Received: \_\_\_\_\_ Entered: \_\_\_\_\_ Paid: \_\_\_\_\_ Member #: \_\_\_\_\_