



## HUMAN RESOURCES MANAGEMENT ASSOCIATION OF NORTHWEST PENNSYLVANIA APPLICATION FOR MEMBERSHIP

Membership in the Association is subject to the provisions as stated in the By-Laws:

The purpose of the association shall be: (1) to promote the use of sound and ethical Human Resource Management practices in the profession and to serve as a vehicle for the development and professional growth of Human Resource members through direction and example, (2) to provide its members with the opportunity of meeting and exchanging constructive ideas and information with others engaged in similar work and facing similar problems, (3) to be a recognized leader in the community for Human Resource Management by establishing, monitoring and updating standards for our profession, involvement of our members in Community Affairs and providing direction on Human Resources and other Management issues, and (4) to provide high quality, dynamic, responsive programs and services for our members.

Membership in the Association shall be on an individual basis and not on a company basis.

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Name \_\_\_\_\_

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

Home Phone (\_\_\_\_) \_\_\_\_\_

Company \_\_\_\_\_

Job Title \_\_\_\_\_

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

Company Phone (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Are you a member of SHRM?  YES  NO If yes, SHRM member # \_\_\_\_\_

Were you referred by a current member?  YES  NO

If yes, referring member's name \_\_\_\_\_

Are you SPHR / PHR certified?  SPHR  PHR

Are you SHRM-CP and/or SHRM-SCP certified?  SHRM -CP  SHRM-SCP

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**HRMA of NWPA Membership Categories**

A. **Regular Membership** – Individuals who are engaged in the profession of human resource management, in an exempt position including full-time human resource consultants; business owners who hold full responsibility for the human resource function; faculty members holding assistant, associate, or full professorial rank in human resource management or any of its specialized functions at an accredited college or university; full-time attorneys who solely counsel and advise management clients on matters relating to the human resource profession, shall be eligible for regular membership.

Regular Member (not a current SHRM member) \$60  
Regular Member (reduced price for current SHRM members) \$35

B. **Associate Membership** – Individuals in non-exempt human resource positions, plus individuals who do not meet the qualifications for regular membership, but who are interested in the field of human resources management, including public and private employment agency practitioners and temporary help services, shall be eligible for associate membership. Associate members have no vote and may not hold office in the Association but may serve on committees.

Associate Member (not a current SHRM member) \$85  
Associate Member (reduced price for current SHRM members) \$60

C. **Student Membership** – Individuals who are students and are members of an approved student chapter shall be eligible for Student Membership. Where no student chapter exists, students may join, provided they are enrolled in at least six (6) credit hours in a four-year college or university or two-year community college and are not employed in full time positions. Students should have a demonstrated emphasis in human resource management subjects and there must be verification of their student status by both chapter adviser and practitioner sponsor. Student members have no vote and may not hold office in the Association but may serve on committees.

Student Member \$0

I, \_\_\_\_\_, hereby apply for \_\_\_\_\_ Membership in the Human Resources Management Association of Northwestern Pennsylvania on the basis of my position as \_\_\_\_\_ which is included in the requirements for eligibility outlined above.  
(ATTACH JOB DESCRIPTION.)

I hereby consent to and permit photographs of me to be used by HRMA of NWPA for any purpose, including educational and advertisement purposes, and in any medium, including print and electronic, forever and without limitation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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HRMA of NWPA TO COMPLETE:  
Recommend for: \_\_\_\_\_  
(Membership Type)

By: \_\_\_\_\_  
(Active Member Signature)