



Human Resources  
Association of  
Southern Maine, Inc.

# 2014 Membership Application



Member Information – Please Print

Visit our website at <http://hrasm.shrm.org>

Full Name \_\_\_\_\_ New Member Y N

Certifications: PHR SPHR GPHR Other \_\_\_\_\_

Are you a SHRM member? Y N Member ID \_\_\_\_\_

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

How long have you been employed as an HR professional \_\_\_\_\_

HR Responsibilities \_\_\_\_\_

Membership Type (refer to Bylaws on our website) \_\_\_\_\_

Company \_\_\_\_\_ Address: \_\_\_\_\_

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

Company Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

Alternate Address \_\_\_\_\_

Primary Email Address \_\_\_\_\_

How did you hear about HRASM \_\_\_\_\_

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

By signing this application I hereby apply for membership in the Human Resources Association of Southern Maine and agree to pay the current applicable membership dues.

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## Annual Dues

<b>HRASM Membership and Meetings/Meal</b>	<b>\$175.00 SAVE\$80 (by prepaying meeting fees!)</b>
<b>HRASM Membership</b>	<b>\$75.00 (separate meal fee of \$20 per meeting)</b>
<b>HRASM Student Membership</b>	<b>\$10.00</b>

Your HRASM membership will expire on December 31, 2014.

**Please mail dues  
(checks only) along with this  
completed application to:**

**HRASM  
PO Box 839  
Portland, ME 04104**