



## 2013 Application for Membership

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_ Title: \_\_\_\_\_

Employer or Business: \_\_\_\_\_

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

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

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Years of HR Experience: \_\_\_\_\_ Level of Education: \_\_\_\_\_

Areas of Expertise or Specialty: \_\_\_\_\_

\_\_\_\_\_

Major Areas of Responsibility in Current Position: \_\_\_\_\_

\_\_\_\_\_

Number HR Staff at Your Facility: \_\_\_\_\_ Number of FTEs Served: \_\_\_\_\_

Are you an **ASHHRA** member? \_\_\_\_\_ Are you a **SHRM** member? \_\_\_\_\_

Please list other Professional Association Affiliations. \_\_\_\_\_

Type of Membership Requested (see below for details on membership type):  Regular  Consultant  Student

\_\_\_\_\_

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

Print, complete and mail application and dues (check payable to VaSHHRA) to:

Masonic Home  
c/o Amy Spalek, Treasurer  
PO Box 7866  
Henrico, VA 23231

Dues	one year	two year
Regular Membership	\$60.00	\$100.00
Student Membership	\$ 5.00	
Consultant Membership	\$75.00	\$125.00

(VaSHHRA EIN: 54-1356316)

### VaSHHRA Membership Categories

Human Resources professionals serving the healthcare industry and similar organizations are eligible for **Regular Membership**. **Consultant Membership** is granted to an individual whose organization provides products and services to the human resources professional. **Student Membership** is granted to those individuals who are enrolled in accredited colleges or universities and are pursuing, but not currently practicing, a career in Human Resources Administration or related fields.