

Kennebec Valley Human Resource Association

P.O. Box 1445 * Waterville, ME 04903

www.kvhra.org

2017 Membership Application

Name: _____

Title: _____

Co: _____

Address: Home Business

Phone: _____

Fax: _____

Email: _____

Company Size: _____ Size of HR Department: _____ (#HR Employees)

How many years have you been in HR? _____

Certifications (Please circle all that apply): SHRM-CP SHRM-SCP PHR SHPR GPHR Other: _____

Please list your post-secondary education or specialized HR Training: _____

Selecting Membership Level:

_____ **Professional:** in accordance with bylaws, those persons actively engaged in one of more of the following:
(a) the profession of human resources; (b) those persons having demonstrated an interest in pursuing a career in human resources through education or training; (c) certified by the Human Resource Certification Institute; (d) faculty members holding an assistant, associate, or full professor rank in human resources management or any of its specialized functions at an accredited college or university and have at least three years of experience at this level of teaching; (e) full-time consultants with at least three years of experience practicing in the field of human resource management; and/or (f) full-time attorneys with at least three years experience in counseling and/or advising clients on matters relating to the human resource profession.

_____ **Student:** one who is deemed a college student in accordance with SHRM's membership criteria.

Are you currently a SHRM Member? Yes No If Yes, SHRM Number: _____

Dues:

- \$35.00 Professional SHRM Member
 - \$60.00 Professional non-SHRM Member
 - \$170.00 Professional SHRM Member, all breakfast meetings (9) paid in advance
 - \$195.00 Professional non-SHRM Member, all breakfast meetings (9) paid in advance
 - \$00.00 Members in Transition (between jobs) or Student Members
- *Waiver applies one time only, with the exception of Student Members, who are eligible for the duration of full-time student enrollment. Covers annual dues only.**

I would like to receive more information regarding the following committees:

- Membership Web Site Certification Programming Legislative Finance

Amount Enc: _____

Date: _____

Check #: _____