

Verify eligibility for fully-employed student membership at [mypihra.org/studenteligibility](http://mypihra.org/studenteligibility)

Are you a:  HR Practitioner  Service Provider/Other Member of SHRM?  No  Yes - Member # \_\_\_\_\_

Name \_\_\_\_\_  
First Name Middle Initial Last Name

Preferred PIHRA Location: \_\_\_\_\_

Professional Designation:  PHR®  SPHR®  GPHR®  PHR-CA®  SPHR-CA®  \_\_\_\_\_

Company \_\_\_\_\_

Title \_\_\_\_\_

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

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

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

Dates employed in current position: (Mo/Yr) \_\_\_/\_\_\_ to \_\_\_/\_\_\_

Alternate Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Send mail to  Company  Alternate Address

## HR FUNCTIONS PERFORMED

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Administrative         | <input type="checkbox"/> Employee Assistance Programs | <input type="checkbox"/> Payroll                  |
| <input type="checkbox"/> Affirmative Action/EEO | <input type="checkbox"/> Employee Relations           | <input type="checkbox"/> Policies and Procedures  |
| <input type="checkbox"/> Benefits               | <input type="checkbox"/> Employment Law               | <input type="checkbox"/> Professor                |
| <input type="checkbox"/> Career Management      | <input type="checkbox"/> Employment/Recruitment       | <input type="checkbox"/> Research                 |
| <input type="checkbox"/> Communications         | <input type="checkbox"/> Generalist                   | <input type="checkbox"/> Relocation               |
| <input type="checkbox"/> Compensation           | <input type="checkbox"/> HRIS/HRMS                    | <input type="checkbox"/> Safety/Health/Security   |
| <input type="checkbox"/> Compliance             | <input type="checkbox"/> International HR             | <input type="checkbox"/> Student                  |
| <input type="checkbox"/> Consultant             | <input type="checkbox"/> Labor Relations              | <input type="checkbox"/> Training and Development |
| <input type="checkbox"/> Diversity              | <input type="checkbox"/> Organizational Development   | <input type="checkbox"/> Workers' Compensation    |

### Vendor Mailing List

We occasionally send emails offering programs, products, and services from HR service providers. Please initial here \_\_\_\_\_ if you **do not** want to receive these mailings.


### PIHRA's Online Membership Directory


PIHRA's online membership directory is searchable by other members. Please initial here \_\_\_\_\_ if you **do not** want to be listed in the directory.


#### How Did You Hear About Us?


- Previous PIHRA member (If known, PIHRA ID# \_\_\_\_\_ )
- District Meeting
- Seminar / Event / Conference
- Website
- Membership Campaign
- Referred by a member \_\_\_\_\_

#### CONVENIENT WAYS TO JOIN!

 [pihra.org/join](http://pihra.org/join)  
(preferred method)

 Fax to (310) 416-9055

 (424) 329-0200

 Professionals In Human  
Resources Association (PIHRA)  
1515 W 190th St, Ste 530  
Gardena, CA 90248-4900

## DEMOGRAPHICS INFORMATION

### Gender

- Female  
 Male

### Education

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

### Company Size

- 0 - 49  
 50 - 99  
 100 - 499  
 500 - 999  
 1000 - 4,999  
 5,000 - 9,999  
 10,000+

### Company Revenue (in millions)

- Less than \$10  
 \$10 - \$25  
 \$25 - \$50  
 \$50 - \$100  
 \$100+

### Race/Ethnic Identification

- American Indian/  
Alaskan Native  
 Asian/Pacific Islander  
 Black  
 Hispanic  
 White  
 Other

### Years in HR

- 0 - 5  
 5 - 10  
 10 - 15  
 15+

### Business & Industry Code

- |  |  |
|--|--|
| <input type="checkbox"/> Advertising/Marketing             | <input type="checkbox"/> Legal                   |
| <input type="checkbox"/> Aerospace                         | <input type="checkbox"/> Manufacturing           |
| <input type="checkbox"/> Agriculture/Forestry              | <input type="checkbox"/> Non-Profit              |
| <input type="checkbox"/> Arts/Entertainment/<br>Recreation | <input type="checkbox"/> Oil & Gas               |
| <input type="checkbox"/> Biotech/Pharmaceutical            | <input type="checkbox"/> Public Administration   |
| <input type="checkbox"/> Communications                    | <input type="checkbox"/> Publishing/Printing     |
| <input type="checkbox"/> Construction/Engineer             | <input type="checkbox"/> Real Estate             |
| <input type="checkbox"/> Consulting                        | <input type="checkbox"/> Restaurant/Food Service |
| <input type="checkbox"/> Consumer Services                 | <input type="checkbox"/> Staffing                |
| <input type="checkbox"/> Educational                       | <input type="checkbox"/> Technology              |
| <input type="checkbox"/> Finance                           | <input type="checkbox"/> Transportation          |
| <input type="checkbox"/> Government                        | <input type="checkbox"/> Utilities/Energy        |
| <input type="checkbox"/> Health                            | <input type="checkbox"/> Warehouse               |
| <input type="checkbox"/> Healthcare                        | <input type="checkbox"/> Wholesale/Retail        |
| <input type="checkbox"/> Hospitality                       | <input type="checkbox"/> Other _____             |
| <input type="checkbox"/> Insurance                         | _____  |

## MEMBERSHIP PAYMENT INFORMATION

### PIHRA ANNUAL MEMBERSHIP DUES:

- Cost of new membership: \$100  
OR  
 Cost of Renewal: \$75

Total Due: \_\_\_\_\_

\*Promo discount available for Part-Time students applies to new membership and renewal.

### Please indicate method of payment:

- I prefer to pay by check (payable to PIHRA)  
PIHRA Tax ID# 95-2222999 (501C6)  
 I authorize PIHRA to charge my:  
 VISA  Discover  
 MasterCard  American Express

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV \_\_\_\_\_

Name (as it appears on credit card) \_\_\_\_\_

Signature \_\_\_\_\_


Card Holder's Phone # \_\_\_\_\_


*I hereby apply for membership in Professionals In Human Resources Association and agree to abide by the By-Laws and pledge to practice and uphold Its Code of Ethics and help carry out the objectives of the Association. I understand and agree that I will not use my membership, the directory or services for monetary gain, and that the membership is granted to individuals and cannot be transferred to another person. I understand that dues are on a calendar basis and agree to pay the current applicable membership dues.*


Applicant Signature/Date \_\_\_\_\_

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