

Fields marked with an * are required. Your application cannot be processed without this information. Please print legibly.

Verify eligibility for student membership at mypihra.org/studenteligibility

How many years have you been a PIHRA student member? _____

* Name: _____
First Name Middle Initial Last Name

* College/University: _____

* Preferred PIHRA Location: _____

Preferred Contact Method: School Home

CAMPUS

* On-campus (School) Address: _____

* Address/Apt. # _____

* City: _____ *State/Province: _____ *Zip/Postal Code: _____

* Country: _____

* E-mail: _____ *Phone #: (_____)
 Cell Landline

HOME

* Home (Permanent) Address: _____

* Address/Apt. # _____

* City: _____ *State/Province: _____ *Zip/Postal Code: _____

* Country: _____

* E-mail: _____ *Phone #: (_____)


* Can we text you? Yes No


Please email me PIHRA Young Professionals information!


Please do not share my mailing address with other HR-related organizations.

CONVENIENT WAYS TO JOIN!

 pihra.org/join
(preferred method)

 Fax to (310) 416-9055

 (424) 329-0200

 Professionals In Human
Resources Association (PIHRA)
18080 Crenshaw Blvd. #7909
Torrance, CA 90504-9998

OVER to complete both sides of application

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EDUCATION AND EMPLOYMENT

*Academic Major:

- Human Resource Management
- Human Resource Development
- Business Administration & Management
- Industrial/Organizational Psychology
- Labor Relations
- MBA
- MBA/HR
- Organizational Behavior/Organizational Development
- Other _____

* **Anticipated Graduation Date:** _____ / _____ / _____
Month Year

* **Currently Enrolled in** _____ **credit hours per**

- Semester Quarter
- Compressed term or during a 15-week equivalency

*** Must have approval from faculty advisor.
Use form at pihra.org/facultyapproval.**

EMPLOYMENT STATUS

- Not employed in a regular full-time HR position
- Employed in a full-time nonexempt** (hourly) HR position
- Employed in a full-time exempt** HR position

* As defined by the Fair Labor Standards Act (FLSA)

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DEMOGRAPHIC INFORMATION

The completion of the following allows PIHRA to track its membership diversity and develop additional programs and services, including special interest groups such as PIHRA Young Professionals.

Date of Birth: _____ / _____ / _____
MM DD YYYY

Gender: Male Female Undisclosed

Race / Ethnic Identification:

- American Indian/Alaskan Native
- Asian
- Black/African American
- Hispanic/White Latino
- Hispanic/Other Latino
- Multicultural/Other
- Native Hawaiian/Pacific Islander
- White

MEMBERSHIP DUES

PIHRA membership is nonrefundable and nontransferable.

- 1-Year PIHRA Student Membership: \$30

Please indicate method of payment:

- Check Money Order (U.S. \$/U.S. bank only)

Charge \$30 to my:

- VISA MasterCard
- American Express Discover

Credit Card # _____

Expiration Date _____

CVV _____

Name (as it appears on credit card) _____

Signature _____

Card Holder's Phone # _____

Student Membership Policy

Membership in PIHRA is individual, not organizational. Your PIHRA membership is personal and fully portable should you change employment.

Membership is nontransferable and nonrefundable.

Membership will expire one year from creation or renewal on the anniversary date.


The above policies apply to all PIHRA memberships unless otherwise noted in the program materials. Please read all individual program information thoroughly.


When registering online, the student membership is held in suspense until PIHRA verifies eligibility for student membership. Verification can take 2-3 working days depending on the situation.


Signature/Date _____


Please send completed application with your payment

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