



Membership Application

Rate

Select One

INDIVIDUAL	\$60	<input type="checkbox"/>
CORPORATE-Small (Up to 250 employees)	\$110	<input type="checkbox"/>
CORPORATE-Large (More than 250 employees)	\$155	<input type="checkbox"/>
ASSOCIATES	\$40	<input type="checkbox"/>
RETIREES	\$30	<input type="checkbox"/>

Personal Information

Name		Position/Title	
Company			
Address 1		Address 2	
City		State	Zip
Work Phone		Fax	
Email			

Areas of Interest

Administrative Support Svcs <input type="checkbox"/>	Benefits <input type="checkbox"/>	Labor Relations <input type="checkbox"/>
Compensation <input type="checkbox"/>	EEO/AA <input type="checkbox"/>	HR Info Systems <input type="checkbox"/>
Employee Relations <input type="checkbox"/>	Recruitment <input type="checkbox"/>	Employment <input type="checkbox"/>
Training & Development <input type="checkbox"/>	Payroll <input type="checkbox"/>	
Other (Specify)		

For Board Use Only

Executive Bd Approval		Date	
Dues Received By:		Date	
Dues: Individual \$		Corporate (3 appl's attached)	
Payment Method: Cash <input type="checkbox"/>	Check <input type="checkbox"/>	To be invoiced (Sent on)	

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