



**Membership Application**

**Rate**

**Select One**

Student Member	\$30.00	
Individual	\$60.00	
Corporate – Small Up to 250	\$120.00	
Corporate –Large More than 250 employees	\$200.00	
Associate Member	\$40.00	

**Personal Information – Primary Member**

Voting Member # 1 Name	Position/Title	Today's Date
Company	Certifications Held	
Address	Address 2	
City	State	Zip
Work Phone	Fax	
Email		

**Member Information**

Member's Job Position \_\_\_\_\_ #of Employees \_\_\_\_\_

# of HR Employees \_\_\_\_\_ How did you hear about CSHRA \_\_\_\_\_

Are you interested in becoming Certified? \_\_\_\_\_ If so, what certification are you seeking? \_\_\_\_\_

Why are you seeking to join CSHRA? \_\_\_\_\_

**CSHRA**

**P.O.BOX 26676**

**Colorado Springs, CO 80936**

**Additional Voting Members**  
**Up to Three Voting Members for Small Corporations.**  
**Up to Five Voting Members for Large Corporations.**

<b>Voting Member #2 Name</b>	Position Title	
Company		
Work Phone	Fax	
E-mail		
<b>Voting Member #3 Name</b>	Position Title	
Company		
Work Phone	Fax	
E-mail		
<b>Voting Member #4 Name</b>	Position Title	
Company		
Work Phone	Fax	
E-mail		
<b>Voting Member #5 Name</b>	Position Title	
Company		
Work Phone	Fax	
E-mail		

**For Board Use only**

Executive Board Approval		Date	
Dues Received By:		Date	
Dues: Individual \$		Corporate (All Voting Member Applications Attached)	
Payment Method: Cash	Check	Online (verified by Treasurer)	To be invoiced