



Membership Application

Rate

Select One

Individual	\$60	
Corporate - Small (Up to 250 employees) - up to 3 voting members	\$120	
Corporate – Large (More than 250 employees) – up to 5 voting members	\$200	
Associates	\$40	

Personal Information – Primary Member

Voting Member #1 Name	Position/ Title	Today's Date
Certifications Currently Held:		
Company		
Address 1	Address 2	
City	State	Zip
Work Phone	Fax	
E-mail	Do you have any filters/blocks on this email?	

Member Information

Member's Job Position: _____ # of employees at member's organization: _____

of HR employees at member's organization: _____ How did you hear of CSHRA? _____

Are you interested in becoming Certified? Y/N If so, what certification are you seeking? _____

What are you seeking in joining CSHRA? _____

Please Turn Over for Additional Corporate Information

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

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