



HUMAN RESOURCES ASSOCIATION

**New Member Application Form
Program Year: July 1, 2009 to June 30, 2010**

Please complete and return promptly with payment to:

MAHRA
P.O. Box 4995
Manchester, NH 03108

Select one:

Membership Dues: **\$60.00**

First Name: _____ Last Name: _____

Co. Name: _____ Title or Position: _____

Nature of Business: _____ Work Phone: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

PLEASE INCLUDE "E-mail Address": _____

Fax: _____ Number of Employees: _____

Member of MAHRA Since: _____ Total Years of HR Experience: _____

Exempt Position: Yes No Full-time: Yes No

SHRM Member: Yes No If Yes, Membership Number: _____

HR Certification: PHR SPHR None Other (_____)

Would you like to volunteer to serve on the MAHRA Board in the future? Yes No

Please check each function you administer as a human resources professional:

- | | | |
|--|--|--|
| <input type="checkbox"/> Wage & Salary Admin. | <input type="checkbox"/> Safety/Health | <input type="checkbox"/> EEO/AAP |
| <input type="checkbox"/> Interviewing/Recruiting | <input type="checkbox"/> Labor Relations | <input type="checkbox"/> Policies/Procedures |
| <input type="checkbox"/> Benefits Administration | <input type="checkbox"/> Manpower Planning | <input type="checkbox"/> Record Keeping |
| <input type="checkbox"/> Training/Development | <input type="checkbox"/> Position Evaluation | <input type="checkbox"/> Employee Assistance |

Signature: _____ Date: _____

Note: MAHRA membership is per individual and therefore not transferable.