



## Membership Application

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Employer or Business: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Years of HR Experience: \_\_\_\_\_ Level of Education: \_\_\_\_\_

Areas of Expertise or Specialty: \_\_\_\_\_

Major Areas of Responsibility in Current Position: \_\_\_\_\_

Number HR Staff at Your Facility: \_\_\_\_\_ Number of FTEs Served: \_\_\_\_\_

Are you an ASHHRA member? \_\_\_\_\_ Are you a SHRM member? \_\_\_\_\_

Please list other Professional Association Affiliations. \_\_\_\_\_

Type of Membership Requested: \_\_\_\_\_ Regular \_\_\_\_\_ Consultant \_\_\_\_\_ Student

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail Application and Dues to VaSHHRA Treasurer:

VaSHHRA  
c/o Terri Stevens, VaSHHRA Treasurer  
4920 Cave Spring Circle  
Roanoke, Virginia 24018

VaSHHRA EIN: 54-1356316

Dues (Please Check)		Amount
<b>Regular Membership</b>		
One Year	<input type="checkbox"/>	\$60.00
Two Year	<input type="checkbox"/>	\$100.00
<b>Consultant Membership</b>		
One Year	<input type="checkbox"/>	\$75.00
Two Year	<input type="checkbox"/>	\$125.00
<b>Student Membership</b>		
One Year	<input type="checkbox"/>	\$5.00

### VaSHHRA Membership Categories

Human Resources professionals serving the healthcare industry and similar organizations are eligible for **Regular Membership**. **Consultant Membership** is granted to an individual whose organization provides products and services to the human resources professional. **Student Membership** is granted to those individuals who are enrolled in accredited colleges or universities and are pursuing, but not currently practicing, a career in Human Resources Administration or related fields.