



2012 Application for Membership

Name: _____ Title: _____

Employer or Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____ Cell (____) - _____ - _____

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 (see below for details on membership type): Regular Consultant Student

Signature

Date

Print, complete and mail application and dues (check payable to VaSHHRA) to:

VaSHHRA
c/o Cathy Dancy, Treasurer
14255 Pole Run Road
Disputanta, VA 23842

	Dues	one year	two year
Regular Membership		\$60.00	\$100.00
Student Membership		\$ 5.00	
Consultant Membership		\$75.00	\$125.00

(VaSHHRA EIN: 54-1356316)

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.