

HRMA Membership Application

Demographic Information			HRMA PURPOSE																																															
Education	Function		<p>The organization for which you are applying membership is known as The Licking County Human Resource Management Association (HRMA), an affiliate of The Licking County Chamber of Commerce (Newark, Ohio), organized under Article VI, Section 4 of the code of Regulations of The Licking County Chamber of Commerce, an Ohio corporation not for profit.</p> <p>The purpose of the HRMA is to broaden member knowledge of current human resource administration techniques and methods of dealing with Human Resource issues; to provide an opportunity for members to exchange and discuss information relating to human resource matters in a confidential manner; to encourage better human resource management and industrial relations in the local area and to keep members informed of community affairs relating to human resource interests.</p> <p style="text-align: center;">Volunteer Opportunities</p> <p style="text-align: center;">Would you like to be contacted for volunteer opportunities with HRMA?</p> <p style="text-align: center;">Yes or No</p>																																															
High School	Generalist																																																	
Some College	Employment																																																	
Bachelor's Degree	Compensation																																																	
Master's Degree	Benefits																																																	
MBA	Labor																																																	
Doctorate	Training																																																	
Company Size	Health/Safety/Security																																																	
Less than 100	EAP																																																	
100-499	Employee Relations																																																	
500-999	Communications																																																	
1000-2499	HRMS																																																	
2500-4999	Consultant																																																	
5000-9999	Org Development																																																	
10000-24999	Other, Pls indicate below.																																																	
2500 +																																																		
Plant	Agriculture		<p>Please respond YES or NO to the following questions regarding HRMA requirements.</p> <p>Is your company a member of the Licking County Chamber of Commerce?</p> <p>Applying member is directly involved with Human Resource Management.</p> <p>You are willing to share and protect confidential information inherent in meetings.</p> <p>Do you represent a labor union?</p> <p>Does your company provide fee based HR services?</p> <p>Does your company have current HRMA members?</p> <p>Membership Committee Recommendation: Accept Reject Ltr Sent _____</p>																																															
Region	Manufacturing																																																	
Division	Transportation																																																	
Group	Utilities																																																	
Subsidiary	Wholesale																																																	
Corporate	Finance																																																	
Other	Insurance																																																	
	Health																																																	
Department Size	Real Estate																																																	
5-9	Government																																																	
10-24	Construction		Member Information																																															
25-49	Oil & Gas		Last Name	First Name	MI																																													
50-99	Library		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Certifications</td> <td style="width: 10%;">PHR</td> <td style="width: 10%;">SPHR</td> <td colspan="2" style="width: 45%;">Other, below.</td> </tr> <tr> <td colspan="3">Are you a current SHRM member?</td> <td colspan="2"></td> </tr> <tr> <td colspan="3">SHRM member number</td> <td colspan="2"></td> </tr> <tr> <td colspan="3">Title</td> <td colspan="2"></td> </tr> <tr> <td colspan="3">Company Name</td> <td colspan="2"></td> </tr> <tr> <td colspan="3">Company Address</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">City</td> <td colspan="3">Zip Code</td> </tr> <tr> <td colspan="3">Email address</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Phone</td> <td colspan="3">Fax</td> </tr> </table>			Certifications	PHR	SPHR	Other, below.		Are you a current SHRM member?					SHRM member number					Title					Company Name					Company Address					City		Zip Code			Email address					Phone		Fax		
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100+	Communications		Please Indicate Method of Payment. Allow 2-3 weeks for application processing.																																															
	High Tech		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Check Enclosed</td> <td style="width: 50%;">To: Licking Cty Chamber of Commerce</td> </tr> </table>			Check Enclosed	To: Licking Cty Chamber of Commerce																																											
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President	Other		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Please Invoice</td> <td style="width: 50%;">I understand my membership will not begin until payment is received and application is processed.</td> </tr> </table>			Please Invoice	I understand my membership will not begin until payment is received and application is processed.																																											
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<p>HRMA is an EQUAL OPPORTUNITY ASSOCIATION. HRMA Membership is individual and is not transferable. Licking County Chamber of Commerce membership required.</p>			<p>Completion of this application acknowledges that I have read and agree to abide by the HRMA Code of Conduct.</p>																																															
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