



# Portland Human Resource Management Association Membership Application



Prefix \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_ PHR/SPHR \_\_\_\_\_

E-mail \_\_\_\_\_ Referred By \_\_\_\_\_

Company Name \_\_\_\_\_ Title \_\_\_\_\_

Company Address \_\_\_\_\_

Company City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

Home Address \_\_\_\_\_

Home City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Send Mail to Which Address?  Home  Work

## Member Category

- Executive HR Management (most senior position in company w/500+ employees)  HR Practitioner (exempt)
- HR Products & Services  Attorney  HR Consultant  HR Practitioner Assoc (non-exempt)
- Other \_\_\_\_\_

**Are you a member of SHRM?**  No  Yes, Member # \_\_\_\_\_ Promotion Code: CHPWD

## Demographic Information – Choose one title that best describes your position

- CEO/President  VP/Partner  Director  Manager  Administrator  Representative  Analyst
- Assistant/Coordinator  Consultant  Other \_\_\_\_\_

## Education

- High School/Some College  Bachelor's Degree  Master's Degree  MBA  Law Degree  Doctorate

## Primary Function – Choose one

- HR Generalist  Administration  Benefits  Career Management  Communications  Compensation
- EEO/Affirmative Action  Employee Relations  Benefits  Health/Safety/Security  HRIS/HRMS
- International  Labor Relations  Legal  Marketing  Organizational Development  Placement
- Recruitment  Relocation  Training  Other \_\_\_\_\_

## Years in HR

- 0-5  6-10  11-15  16-20  20+

## Company Size

- 1  2-10  11-50  51-100  101-250  251-500  501-1,000  1,001-2,500  2500+

## HR Department Size

- 1  2-10  11-25  26-50  51-100  100+

**Business & Industry Sector**

- Advertising/Marketing
- Agriculture/Forestry
- Financial/Accounting Services
- Business Products
- Communications
- Construction/Engineering
- Computer Products & Services
- Consulting Services
- Education
- Insurance
- Food & Beverage
- Government/Public
- Health Care
- High Technology
- Hotel & Lodging
- HR Services/Personnel
- Retail/Wholesale
- Legal Services/Law Firm
- Manufacturing
- Non-Profit
- Oil/Gas/Mining
- Real Estate
- Research
- Printing/Publishing
- Securities
- Transportation
- Utilities
- Other \_\_\_\_\_

Periodically PHRMA provides copies of its mailing list to other organizations. If you prefer that PHRMA not share your contact information with other organizations, please check here

PHRMA sends periodic e-mail notifications of HR related programs, learning opportunities and conference information. By signing this application, you consent to accept such notifications.

Signature \_\_\_\_\_

**Check the Special Interest Groups (SIG) you want to become a part of, or would like to see added**

- Active Search
- Benefits & Compensation
- HR Technologies
- Executive HRM
- Other \_\_\_\_\_
- Recruitment & Selection
- Employee Relations
- Training & Development
- Workforce Readiness

When you become a member of PHRMA, we feel an obligation to meet your special needs. Your answers to the following questions will allow us to customize your membership.

**How do you think you will interact with PHRMA?**

- Face-to-face meetings, conferences and/or networking
- At my desk, using the computer, fax or mail
- Serve as a volunteer leader (board, committee, local chapter)

**What are your expectations of PHRMA?** (circle numbers)

- I would like specialized information that I cannot easily get elsewhere  
not at all true    1    2    3    4    5    absolutely true
- I would look to PHRMA to enhance the profession's image or my professional standing  
not at all true    1    2    3    4    5    absolutely true
- I would look to PHRMA to promote important values that I share such as legislative advocacy for the HR profession  
not at all true    1    2    3    4    5    absolutely true

What else led you to join? \_\_\_\_\_

Interested in making a tax-deductible donation to PHRMA's HR Financial Assistance Fund?  Yes, amount \_\_\_\_\_  No

In order to join PHRMA, you must apply for or be a member of SHRM. If you are already a member of SHRM, and are current on your annual dues, you may join PHRMA for \$50 (dues are non-refundable/transferable). Dues are renewed annually in October. If you are not currently a SHRM member, you must also apply for SHRM membership. We can process both applications and dues payments on your behalf. The total cost for both memberships is \$195 (\$145 for the SHRM portion). You can make a check payable to PHRMA and mail to PO Box 68749, Portland, OR 97268. You may also pay by credit card.

Charge my (circle one) VISA    MC    AmEx    Amount to charge \_\_\_\_\_

Need a Receipt?  Yes     No    If Yes,  Mailed     Faxed    Name on Card \_\_\_\_\_

Account Number \_\_\_\_\_ Expires \_\_\_\_\_ Signature \_\_\_\_\_