



Portland Human Resource Management Association Membership Application



Prefix _____ First Name _____ Initial _____ Last Name _____ PHR/SPHR _____

E-mail _____ How did you hear about us? _____

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 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 _____

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 _____

PHRMA offers several Special Interest Groups (SIGs) for our members to network and share information in their specific field of interest. Examples are Benefits & Compensation, Recruitment & Selection, Employee Relations, Training & Development, and Active Search for those in a job search in the HR field. Please see our SIG page for more information on our website www.portlandhrma.org. Sign up to attend a SIG meeting on our calendar of events.

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
- Serve as a volunteer leader (board, committee, local chapter)
- At my desk, using the computer, fax or mail

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). If you are current full-time student or have graduated within 12 months, you may join PHRMA for \$25. 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 \$215 (\$165 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. Fax # 503-655-6490.

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 _____