



# Traverse Area Human Resource Association



## Membership Application

Application Type:  HR Professional  Vendors, Consultants and Service Suppliers Date: \_\_\_\_\_

Name \_\_\_\_\_  
Last First Initial Title

Company Name \_\_\_\_\_ Business Phone \_\_\_\_\_ Ext \_\_\_\_\_

Company Address \_\_\_\_\_  
City State Zip

Email Address \_\_\_\_\_ Fax Number \_\_\_\_\_

Nature of Business \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

How many employees at your company? \_\_\_\_\_ How many employees in your HR department? \_\_\_\_\_ Is any level of your organization unionized? Yes No

HRCI Certification level: PHR  SPHR  GPHR  Are you interested in HR professional certification? Yes No

Exempt or Non-Exempt \_\_\_\_\_ Does your work require you to formulate policy? Yes No

Total number of years in human resource administration \_\_\_\_\_ SHRM Membership #\* \_\_\_\_\_

Areas of Expertise \_\_\_\_\_  
\_\_\_\_\_

Approximately what percentage of your time is spent in human resource functions, including: recruitment; compensation; benefits; employment; health, safety and security; training and development; and labor relations. \_\_\_\_\_%

Indicate the level and scope of your present assignment. Outline briefly your areas of responsibilities in the field of human resource administration.

\_\_\_\_\_  
\_\_\_\_\_

Please describe responsibilities outside of human resource administration \_\_\_\_\_  
\_\_\_\_\_

\*SHRM National Membership is required for non-HR Professional Membership and strongly recommended for HR Professional Membership.

What do you expect to gain and how will you contribute to the organization?

\_\_\_\_\_  
\_\_\_\_\_

Please give the name, business address and telephone number of an individual who can attest to the information listed:

\_\_\_\_\_

Please list your previous human resource work experience, beginning with the most recent position you have held.

Previous Business Experience: From: \_\_\_\_\_ To: \_\_\_\_\_

Company \_\_\_\_\_ Location \_\_\_\_\_

Position \_\_\_\_\_ Work Involved \_\_\_\_\_

Previous Business Experience: From: \_\_\_\_\_ To: \_\_\_\_\_

Company \_\_\_\_\_ Location \_\_\_\_\_

Position \_\_\_\_\_ Work Involved \_\_\_\_\_

Previous Business Experience: From: \_\_\_\_\_ To: \_\_\_\_\_

Company \_\_\_\_\_ Location \_\_\_\_\_

Position \_\_\_\_\_ Work Involved \_\_\_\_\_

Please indicate any interest in participating on the following committees:

- Membership
- Marketing and Public Relations
- Monthly Programming
- Special Programming and Workshops
- Awards and Activities

- Legislative
- Diversity
- Workforce Readiness
- HRCI Professional Certification
- Student Chapter

I hereby apply for membership in the Traverse Area Human Resource Association (TAHRA) and agree to pay dues set according to the By-Laws and organizational procedures. I recognize and accept the responsibilities incumbent upon me as a member of the human resource profession. I pledge to practice and uphold the code of ethics of SHRM and TAHRA and agree to abide by the By-Laws and to assist in carrying out the objectives of the Association.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Return completed application and resumé (required) to:  
TAHRA, Membership Vice-President Katie Corona, 1856 Penbroke Dr, Traverse City, MI 49686

***For Association purposes only:***

Date application received \_\_\_\_\_ VP of Membership: Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Board Approval \_\_\_\_\_  
\_\_\_\_\_

Date of Membership \_\_\_\_\_