



Application for Membership

Date _____

Name _____ Title _____

Company _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Ext _____ Fax _____

Email Address _____

Home address _____

City _____ State _____ Zip _____

Telephone _____

Preferred mailing address: Business Home

How did you hear about HRM/RI? _____

Are you a member of SHRM? Yes/Member # _____ No

Are you an exempt employee under the state and federal wage and hour law?
Yes No

Membership Type & Yearly Fee

- Professional Member.....\$90
 - Additional Corporate Member.....\$65
 - Associate Member.....\$90
 - Student Member.....\$30
- *Members joining after July 1st are half price *

Please complete application and return with your check to:

**Human Resource Management Association of RI
PMB 298, 1643 Warwick Avenue
Warwick, RI 02889
www.hrm-ri.org**

Membership is open to all persons regardless of race, creed, color, sex, age, sexual orientation, disability or national origin.

Information Request

Years of HR Experience: 0-3____ 4-7____ 8-10____ 10+____

National SHRM Member: Yes____ No____

Certification: PHR____ SPHR____ GPHR____

Job Level: Administrative____ Specialist____ Manager____ Director____

Responsibilities: Generalist____ Specialist (please name)_____

Industry:_____

Number of Employees: _____

I have an interest in helping on the following committees:

Business Education____

Non-Dues Revenue____

East Bay Affiliate ____

Legislative Affairs____

Professional Development____

Membership____

Workforce Readiness____

Program ____

Publicity____