

AFFILIATE OF



**TRI-STATE HUMAN RESOURCES ASSOCIATION**

**SOCIETY FOR HUMAN RESOURCE MANAGEMENT**

**TRIHRA MEMBER APPLICATION**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Last Name, First MI

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address P.O. Box City State, Zip

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Certification: \_\_\_\_\_ None \_\_\_\_\_ PHR \_\_\_\_\_ SPHR \_\_\_\_\_ Certification Date: \_\_\_\_\_

**LEVEL OF MEMBERSHIP**

\_\_\_\_\_ **Regular SHRM Member** – You are a member of the Society for Human Resource Management. (No Dues for Membership)  
**SHRM Member Number and expiration date:** \_\_\_\_\_

\_\_\_\_\_ **Regular TRIHRA Member** – You are not a member of the Society for Human Resource Management but are actively involved in Human Resource work and spend at least 50% of your time on Human Resource functions; or you are a faculty member holding an assistant, associate, or full professor rank in Human Resources or your related field at an accredited College or University. (\$30.00 Membership Dues)

\_\_\_\_\_ **Associate TRIHRA Member** – Membership in this category shall be confined to those persons who demonstrate a bona fide interest in the HR function. Associate Members shall have no vote and may not hold office. Dues shall be the same as a Regular member. (\$30.00 Membership Dues)

\_\_\_\_\_ **Honorary Member** – You were a SHRM or TRIHRA member in good standing at the time of your retirement. Honorary Members shall be entitled to full membership without payment of dues but, will not have the right to vote or hold office.

**PAYMENT OF DUES**

Annual dues for Regular and Associate TRIHRA Members are \$30.00, payable upon becoming a member and then \$30.00 annually each January 1 thereafter. **Regular SHRM members do not pay TRIHRA dues, provided your SHRM dues are paid for the current year and your SHRM Member number is entered above.**

**COMMITTEE INVOLVEMENT**

All members are asked to actively participate in Chapter activities through involvement in committees. Please indicate committee interest below:

\_\_\_\_ Nominating \_\_\_\_ Legislative \_\_\_\_ Membership \_\_\_\_ Certification \_\_\_\_ Program \_\_\_\_ Newsletter \_\_\_\_ Website

\_\_\_\_ Diversity \_\_\_\_ School to Work Advocate \_\_\_\_ Public Relations \_\_\_\_ Work Force Readiness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please Return Completed Form and Appropriate Membership Dues Payable To:**

**Tri-State Human Resource Association**

P.O. Box 1684,  
Dubuque, IA 52004-1684

[www.trihra.org](http://www.trihra.org)