



MUSKINGUM VALLEY HUMAN RESOURCE MANAGEMENT ASSOCIATION

NEW MEMBER APPLICATION



Name: _____ Email: _____

If you are renewing your membership, please use the MEMBERSHIP RENEWAL APPLICATION

SHRM Member: Yes [] No [] If yes, SHRM Member # _____

Company: _____ Home Address: _____

Job Title: _____

Address: _____ Telephone: _____

Telephone: _____ Email: _____

Fax: _____ These will only be used if unable to reach at Current employer.

Education

College/University Name _____ Degree Received _____

HRCI Certified? Yes [] No [] If yes, SPHR [] PHR []

Work Experience

Years in Human Resources Work? _____ Are you a: Generalist [] Specialist []

Briefly outline your human resource duties and responsibilities (current and past):

Please list topics you would be able to present:

Please list speakers you would like to hear and/or would be interested in speaking (please include contact information):

Please indicate topics you would be interested in:

- | | |
|---|--|
| <input type="checkbox"/> Benefits | <input type="checkbox"/> Safety (OSHA) |
| <input type="checkbox"/> Compensation | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> Employee Health | <input type="checkbox"/> Accident Prevention & Reduction |
| <input type="checkbox"/> Recruiting | <input type="checkbox"/> Interviewing |
| <input type="checkbox"/> Equal Employment Opportunity (EEO) | <input type="checkbox"/> Employment Testing |
| <input type="checkbox"/> Labor/Employee Relations | <input type="checkbox"/> Pre-Employment Physicals |
| <input type="checkbox"/> Age Discrimination (ADEA) | <input type="checkbox"/> Drug & Alcohol Testing |
| <input type="checkbox"/> Americans with Disabilities Act (ADA) | <input type="checkbox"/> COBRA |
| <input type="checkbox"/> Family & Medical Leave Act (FMLA) | <input type="checkbox"/> Policy Manuals & Employee Handbooks |
| <input type="checkbox"/> Fair Labor Standards Act (FLSA) | <input type="checkbox"/> Dress Code |
| <input type="checkbox"/> Immigration & Naturalization (I-9) | <input type="checkbox"/> Ethics |
| <input type="checkbox"/> Pregnancy Discrimination Act (PDA) | <input type="checkbox"/> Performance Appraisals |
| <input type="checkbox"/> Affirmative Action | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Background/Reference Checks | <input type="checkbox"/> Training/Development |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Disciplinary Procedures |
| <input type="checkbox"/> Employee Orientation | <input type="checkbox"/> Arbitration |
| <input type="checkbox"/> Employee Recognition/Reward | <input type="checkbox"/> Union Avoidance |
| <input type="checkbox"/> Employee Retention | <input type="checkbox"/> Contract Negotiation/Administration |
| <input type="checkbox"/> Employment Contracts | <input type="checkbox"/> Employee Opinion Surveys |
| <input type="checkbox"/> Flextime/Compressed Workweek/Job Sharing | <input type="checkbox"/> Succession Planning |
| <input type="checkbox"/> Layoff/Downsizing | <input type="checkbox"/> Work & Family |
| <input type="checkbox"/> Severance Agreement/Policy | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Employee Motivation | <input type="checkbox"/> Employee Assistance Program (EAP) |
| <input type="checkbox"/> Solicitation/Distribution/Posting | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Exit Interviews | <input type="checkbox"/> Other _____ |

May we distribute the MVHRMA membership roster containing your contact information to non-members?

Yes No

I hereby apply for membership in the Muskingum Valley Human Resource Management Association and agree to pay the appropriate dues. I recognize and accept the responsibilities incumbent upon me as a member of the human resource profession. I agree to abide by the Chapter By-Laws and to assist in carrying out the objective of the Chapter.

Signature _____

Date _____

MVHRMA 2008 Membership Dues

<input type="checkbox"/> SHRM Member – \$35.00 per year [\$2.92 per month]	<input type="checkbox"/> Non-SHRM Member – \$65.00 per year [\$5.42 per month]	<input type="checkbox"/> Full-Time Student – No Charge [12 credit hours per semester minimum]
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Dues are due February 1, 2008, if not paid by March 31, 2008 member will be dropped from membership roster. New members may pay a pro-rated charge if joining after January. Please check the appropriate boxes above and **return application with check or money order payable to:**

MVHRMA c/o Jodi Stapleton, Mid-East Career and Technology Centers, 400 Richards Road, Zanesville, OH 43701