

# 2005 Application for North Central Ohio Personnel Association Membership

(You CAN be a NOPA member without being a member of SHRM)

Date: \_\_\_\_\_ Title (check one): \_\_\_ Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Miss \_\_\_ Dr.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

SHRM Membership Number \_\_\_\_\_

Professional Designation (SPHR, PHR, JD, etc.): \_\_\_\_\_

Position/Title: \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Company: \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Work Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Number of years involved in the Human Resource profession: \_\_\_\_\_

What is your primary Human Resource function?

\_\_\_ Benefits      \_\_\_ Worker's Comp.      \_\_\_ Employment

\_\_\_ Health/Safety      \_\_\_ Labor Relations      \_\_\_ Employment Law

\_\_\_ Training/Development      \_\_\_ HR Generalist      \_\_\_ Other \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Note: NOPA membership dues for 2005 are \$20 for SHRM members who have designated NOPA as their SHRM-affiliate chapter and \$30 for non-SHRM members. Please forward your signed application, along with a check or money order made out to N.O.P.A. to the address below:

Scott Freehafer, 2005 President  
3425 Shad Drive East  
Mansfield, Ohio 44903-8205