



**MUSKINGUM VALLEY HUMAN RESOURCE
MANAGEMENT ASSOCIATION**

MEMBERSHIP RENEWAL APPLICATION

Name: _____ Email: _____

SHRM Member: Yes No **If yes, Active SHRM Member #** _____

Company: _____ Home Address: _____

Job Title: _____

Address: _____ Telephone: _____

_____ Email: _____

Telephone: _____ Cell Phone: _____

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

HRCI Certified? Yes No If yes, SPHR PHR

SHRM Certified? Yes No If yes, CP SCP

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. I understand my membership is an individual membership and is non-transferrable.

Signature _____ Date _____

MVHRMA 2019 Membership Dues

Fee Description	Fee Schedule	Enter Amount Due
Are you actively pursuing a degree in HR or Business?	If Yes – No Charge (Enter 0.00 for Total Amt. Due)	0.00
Are you an HR Professional in Transition? [currently unemployed]	If Yes – No Charge (Enter 0.00 for Total Amt. Due)	0.00
Are you a SHRM member?*** Active SHRM # must be included above to receive the discounted rate.	If Yes - \$35 If No - \$65	
Is your company a Chamber Member?	If Yes, only the above fees apply. If no, please read below and add fee.	
If your company is not a Chamber member, a charge of \$100 is applied.*** Please indicate: <input type="checkbox"/> My company is paying for my MVHRMA membership <input type="checkbox"/> I am paying for my MVHRMA membership	\$100.00	
Is someone else in your organization an MVHRMA member? If so, a 10% discount may be taken.	Minus 10% discount	
	Total Amount Due:	

***For information on membership to the Society of Human Resource Management (SHRM), log onto www.shrm.org.

***Please remember that with our affiliation with the Zanesville-Muskingum County Chamber of Commerce all new members are required to be Chamber members.

MVHRMA dues must be paid by February 1, 2019, if not paid by March 1, 2019 member will be dropped from membership roster. Please check the appropriate boxes above and return application with check or money order payable to: **MVHRMA c/o Waynette Tackett, Treasurer, P.O. Box 1314, Zanesville, Ohio 43702-1314.**

Please complete the **membership application** and mail with your payment. The application can be found on our website located at www.ohioshrm.org/shrmChapters/Muskingum

Please tell us about yourself!!

Years of experience in a position with HR responsibilities:	
Any HRCI, SHRM, or other HR related credentials / certifications:	
College Degree(s):	
How many people with HR responsibilities work in your organization?	
How many employees are in your organization?	
When is your employment anniversary at your current place of business?	
Please provide your boss's first and last name so we may thank him/her for allowing you to be an MVHRMA member.	
Areas of Specialty and/or Experience <i>(check all that apply)</i>	
Benefits	Global HR
Business Leadership & Strategy	Labor Relations
Compensation	Safety
Diversity	Staffing Management
Employee Relations	Technology
Ethics	Workforce Development

In the next two years, would you be interested in an opportunity to serve as a committee chair for MVHRMA? (Communication, Membership, Workforce Readiness, College Relations, SHRM Foundation, Diversity, and Legislative)

In the next two years, would you be interested in an opportunity to serve as a board member for MVHRMA? (Positions include President, Vice-President, Secretary, Treasurer, and Members-at-Large)

In the next two years, would you be interested in an opportunity to assist MVHRMA with community initiatives that promote the HR profession?