# NOHRA



## North Central Ohio Human Resource Association

**2016 MEMBERSHIP APPLICATION**

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

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SHRM Membership Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Professional Designation (PHR,SPHR) \_\_\_\_\_\_\_\_\_**

**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? (Mark no more than two)**

**\_\_\_\_\_ Benefits \_\_\_\_ Worker’s Comp. \_\_\_\_\_\_ Employment**

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

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

**Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**NOTE: NOHRA membership dues for 2016 are:**

**$25.00 - for SHRM members who have designated NOHRA as their**

**SHRM-affiliate chapter**

**$35.00 - for non-SHRM members.**

**Please forward your signed membership application, along with a check or money order made payable to NOHRA at the following address:**

**NOHRA**

**P.O. Box 91**

**Mansfield, OH 44901**

**I would like to see the following topics on NOHRA’s 2016 meeting schedule:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**