

Human Resource Association of Central California

Federal Identification Number 31-1688953

Membership Application

Membership in the Human Resource Association of Central California, (HRACC), is open to any person who is currently engaged in a bona fide professional or educational capacity within the human resource management profession. Membership is also available to anyone who is between positions in a professional human resource capacity or is a student majoring in human resource management at an accredited university. The HRACC Board of Directors reserves the right to exclude from membership anyone who is deemed by the Board to be in conflict with the goals and objectives of the organization or who, in the Board's view, does not otherwise qualify for membership. HRACC is affiliated with the Society for Human Resource Management (SHRM).

Name: (Please print) _____

Employer: _____

Title: _____ Number of employees: _____

Mailing address: (Include city and zip) _____

Industry: _____ Company website: _____

Description of your duties: _____

Work phone: _____ Ext. _____ E-mail: _____

Fax: _____ Private in your office? Yes No

Dated hired in current position: ____/____/____ Years in the human resource profession: _____

Education: Highest degree received _____ School _____

Are you a national SHRM member? Yes No If yes, SHRM ID# _____

Are you certified? Yes No If yes, PHR SPHR GPHR

If no, do you wish to become certified? Yes No

Would you like to receive information about certification? Yes No

Please check areas of possible leadership or participation interest: Certification Legislation

Programs Membership HR Professional of the Year Workshops/Conferences

Partners in Education Diversity Network Student Chapter Liaison Publicity

How did you learn about HRACC? _____

I hereby apply for membership in the Human Resource Association of Central California. I recognize and accept the responsibilities incumbent upon me as a member of HRACC and I agree to support the objectives of the organization.

Signature: _____ Date: ____/____/____

Membership approval for HRACC use:

Recommended: Yes No Date HRACC Board approved or declined: ____/____/____

Date applicant notified: ____/____/____ By Phone Mail Fax E-mail