



# JOIN

Date:  /  /

To ensure your membership application is processed correctly, please complete all applicable sections of this form and include it with your payment. You may also complete and submit the application online at [ASHHRA.org/JOIN](http://ASHHRA.org/JOIN).

Membership Status (select one):  New  Renewing

*QUICK TIP: You may renew your membership by phone at 312-422-3720.*

## Contact Information

Prefix:

First Name:

Middle Initial:

Last Name:

Suffix:

Designation(s):

Date of Birth (optional):

## WORK

Title:

Organization:

Address:

City, State Zip:

Country:

Work Phone:  Ext.:

Mobile:  Fax:

Email:

## HOME

Address:

City, State Zip:

Country:

Home Phone:  Mobile:

Email:

Mail should be sent to:  Work  Home

## MEMBERSHIP CATEGORIES

### Practitioner

For individuals who have professional responsibilities for Human Resources or employee relations functions in organizations across the continuum of care. (REG)

### Consultant

For individuals who support Human Resource leadership in organizations across the continuum of care through consultative services. (PCM)

### Joint ASHHRA/SHRM Practitioner

Access all membership benefits of both ASHHRA and SHRM with the convenience of one invoice and discounted annual dues. (JOP)

### Joint ASHHRA/SHRM Consultant

For a professional consultant member employed by an institution or company whose primary business is in health care human resources. (JOC)

### Academic/Student Membership

For individuals who are currently faculty at a higher education institution or students enrolled in a degree-seeking program in a college or university (proof of enrollment required). (STU)

### Retired

For individuals who formerly supported organizations across the continuum of care, but are no longer in the workforce. Must have been a previous ASHHRA member. Consultant members are not eligible. (RET)

### Group

Group membership is available at discounted rates. Contact [ASHHRA@ashhra.org](mailto:ASHHRA@ashhra.org) | 312-422-3720

# Professional Profile

Please complete the following information.

## About You

### 1. Check if you are

- Current or former ASHHRA member (ID #: )  
 Current or former SHRM member (ID #: )

### 2. Member of your local chapter: No Yes

### 3. Years in HR

- 0 - 1    2 - 5  
 6 - 10    11 - 20  
 More than 20 years

### 4. Years in Health Care HR

- 0 - 1    2 - 5  
 6 - 10    11 - 20  
 More than 20 years

### 5. Gender: Male Female

### 6. Highest Level of Education Achieved

- High School/GED    Bachelor's Degree    Some college  
 Master's Degree    Technical School    Doctoral degree  
 Associate's Degree    Other:

### 7. Race/Ethnicity

- Multi-cultural    American Indian/Alaskan Native  
 Asian/Pacific Islander    African American  
 Hispanic    Caucasian    Other

## About Your Organization

### 1. Your function(s). Check all that apply

- HR Generalist    Employment/Recruitment    Benefits  
 Compensation    Labor/Industrial Relations    Legal  
 Training/Development    Organizational Development    HRIS  
 Communications    Health/Safety/Security  
 Research    EEO/Affirmative Action  
 Employee Relations    Employee Assistance Programs  
 Consultant    International HRM  
 Administrative    Diversity  
 Other, please specify:

### 2. Department Size

- <5    5-9    10-24    25-49    50-99    >100

### 3. Company Size (number of employees)

- <100    100 - 499    500 - 999    1000 - 2499    2500 - 4999  
 5000 - 9999    10000 - 24999    >25000

### 4. Organization Setting (select one)

- National    Rural    Suburban    Urban    Other

### 5. Type of Organization

- Hospital/Health Care System  
 Health care organization outside of hospitals

## Dues

Select your membership category below.

- Practitioner - \$175  
 Consultant - \$225  
 Joint ASHHRA/SHRM Practitioner - \$365  
 Joint ASHHRA/SHRM Consultant - \$440  
 Academic/Student - \$65  
 Retired - \$65

Total Amount Due: \$

I hereby apply for membership in the American Society for Health Care Human Resources Administration and/or the Society for Human Resource Management and agree to pay the current applicable membership dues.

Signature

Date

## Payment

### By credit card

Card Type: Visa   Mastercard   Amex

Name (as it is on card):

\_\_\_\_\_

Card Number:

\_\_\_\_\_

Exp. Date: \_\_\_\_\_

### By check

Payment must be included with mailed application. Mail application with check (payable to ASHHRA):

ASHHRA  
233 S. Wacker Dr., 44th Floor  
Chicago, IL 60606

### Terms and Disclosures

\*ASHHRA/SHRM Joint Members – Save up to \$40 from combined regular annual membership dues. SHRM membership can take up to two weeks (from the date ASHHRA receives payment) to process. Effective date for both memberships will follow ASHHRA guidelines.

Dues for ASHHRA membership are not deductible as a charitable contribution, but a portion of the dues may be deductible as an ordinary and necessary business expense, except that, under IRC section 162(e)(1), 3% of the SHRM dues are not deductible. A portion of your dues payment, 22.73%, is nondeductible as it is allocable to lobbying expenditures.

The collection or use of member contact information for marketing of any kind by a member or any third party is strictly prohibited. Failure to abide by these terms will result in the termination of membership.

Prices are valid 1/1/2022 – 12/31/2022