

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 - \$355

Joint ASHHRA/SHRM Consultant - \$430

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., Suite 440
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