

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 - \$200
Consultant - \$250
Joint ASHHRA/SHRM Practitioner - \$390
Joint ASHHRA/SHRM Consultant - \$465
Academic/Student - \$50
Retired - \$50

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 4400
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.

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.