**Walworth County Human Resource Association**

**2024 – 2025 Fiscal Year Membership Application**

**(This application must be completed by each regular member- even if part of the same organization.)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **APPLICANT INFORMATION** | | | | |
| Name: | | Date: | | |
| **EMPLOYMENT INFORMATION** | | | | |
| Company: | | Title: | | |
| Number of Employees: | | | | |
| **TYPE OF ORGANIZATION** | | | | |
| * Manufacturing/Distribution | | * Health Care | | |
| * Printing | | * Hospitality/Entertainment | | |
| * Employment/Temporary Services | | * Retail | | |
| * Publishing/Newspaper | | * Banking/Financial | | |
| * Education | | * Service | | |
| * Association | | * Other | | |
| **REQUIREMENTS FOR MEMBERSHIP**  *(Check all that apply)* | | | | |
| * I perform bona fide human resource administration or industrial relations functions * I have the human resource function reporting to me. * I teach human resources or industrial relations courses as a faculty member at an accredited college. SCHOOL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COURSES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * I have at least two (2) years’ experience in the field of human resource management and currently consult within the profession on a regular basis. * I am currently a SHRM member or certified by the Human Resource Certification Institute. * I am a college student focusing in human resources. SCHOOL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **AREAS OF RESPONSIBILITY**  *(Check all that apply*) | | | | |
| * Benefits | * Employee Orientation | | | * Career Counseling |
| * Health and Safety | * HRIS Systems | | | * Training |
| * Compensation | * Labor Relations | | | * EEO/Affirmative Action |
| * Human Resource Planning | * Organizational Development | | | * Workers’ Compensation |
| * Employee Communications | * Employee Relations | | | * Placement Search |
| * Other |  | | |  |
| **SIGNATURE** | | | | |
| I authorize the verification of the information provided on this form for membership consideration. | | | | |
| Signature: | | | Date: | |

All applications for membership are subject to approval by the Board of Directors. The Membership Committee will notify you of acceptance. Renewals are automatically approved.

**(PLEASE COMPLETE & RETURN BOTH PAGES)**

**Walworth County Human Resource Association**

**Membership Application**

Annual Dues: September 1, 2024 - August 31, 2025

|  |  |  |  |
| --- | --- | --- | --- |
| **APPLICANT INFORMATION** | | | |
| Name: | | Date: | |
| **EMPLOYMENT INFORMATION** | | | |
| Company: | | Title: | |
| Address: | | | |
| City: | State: | | Zip Code: |
| Telephone: | | Fax: | |
| Email (necessary for newsletter): | | | |

**PAYMENT IS DUE BY October 16, 2024**

Association Dues per Individual: **$85**

All membership dues must be paid by check. ***Each company representative must submit an application yearly.*** If you choose to pay for meals in advance, please add $176 to the membership dues **($261 total)**. If joining later in the year and still wanting to pay in full, add the number of remaining months times $22 to the $85 dues (ex. 5 months x $22 = $110 + $85 = $195).

***Please make check payable to*:**

**Walworth County Human Resource Association (or WCHRA)**

Mail application to:

**WCHRA**

**P.O. Box 261**

**Elkhorn, WI 53121**

**TOTAL AMOUNT ENCLOSED: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHECK NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**