**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**