HUMAN RESOURCES
MANAGEMENT ASSOCIATION

The Voice of the HR Profession

MEMBERSHIP APPLICATION FORM

Contact Information *(Please print)*

Your home contact information is required for membership as we use this information in planning the distribution of our services. The information in your home contact fields will not be displayed in the online directory and will not be released to any third party for any reason. If you wish your home address to appear in the online directory, please enter it in both the home and work fields. Please note that information entered in the work contact fields may be provided to third parties such as speakers.

HRMA will provide you with information about its services and the services of other organizations that HRMA deems to be of interest to its members. You can change your communications preferences at any time by logging into our website and using the link to "My Email Options".

Last Name

First Name Informal

Work Address

Title

Employer

Address

City

Prov Postal Code

Phone Fax

Email

Home Address

Address

City

Prov Postal Code

Phone Fax

Email

Preferred Addresses for HRMA Communications

Email: ◯ Work ◯ Home ◯ Other

Mail: ◯ Work ◯ Home

Annual Membership Fees

☐ CHRP Membership

You must be a CHRP in good standing in another Canadian province at time of transfer. *Please ensure that your transfer form has been sent by your provincial association to our Registrar prior to applying for Membership.*

Dues	*GST*	*Total*
480.00	24.00	504.00

(GST/HST #119446714)

Payment

Pre-payment is required. Send completed application form with payment in the form of: ☐ Cheque payable to BC HRMA

☐ AMEX ☐ MasterCard ☐ VISA

A $30 processing fee will be applied to all NSF cheques and declined credit cards.

Credit Card Information

Credit Card Number

Expiry Date Month Year

Name on Card

Signature

I agree to have the total charges owing applied to my credit card. In the event that my credit card is declined for any reason, I understand that I will be charged an additional processing fee of $30.00.

Are you a past member? ◯ Yes ◯ No

How did you hear about HRMA?

Human Resources Management Association
1101 - 1111 West Hastings Street
Vancouver, BC V6E 2J3
www.hrma.ca
membership@hrma.ca
Telephone 604.684.7228
Toll Free 800.665.1961
Facsimile 604.684.3225

PERSONAL PROFILE

This questionnaire provides HRMA with a profile of our members that can be used to tailor our services to meet the needs of our membership. All responses are voluntary; however, the more information you provide, the better we can meet your needs. Individual profiles will not be shared with third parties.

ABOUT YOUR EMPLOYMENT

1. Which best describes you?

If other, please specify

2. Please select the industry in which your current employer would best fit.

If other, please specify

3. How many employees are part of your organization?

4. Which best describes your role in your organization?

- Administrator/Coordinator - Supports administration or coordination of key tasks
- Individual Contributor - Performs key tasks
- Supervisory Level - Supervises people and tasks
- Management Level - Guides and directs actions of a work group including budgetary accountability
- Director Level - Guides and directs actions of multiple work groups with departmental budgetary accountability
- VP / SVP Level - Guides and directs actions of whole function with functional budgetary accountability
- C-Level (CEO, COO, CFO) - Guides and directs actions of whole organization with organizational budgetary accountability
- Consultant - Provides expert advice, works to resolve unique issues or create unique value on a contract basis.

ABOUT YOU AS AN HR PRACTITIONER

5. How many years of HR practice do you have?

6. Which best describes your HR competency level?

- Emerging - in the development stage (HR assistants, HR administrators, HR advisors, etc.)
- Mid-level - a knowledgeable resource or specialist (HR generalists, HR analysts, HR managers, etc.)
- Senior - a key senior role in planning or strategy (senior HR managers, directors of HR, VPs of HR, internal HR experts, etc.)
- Expert - considered an expert with broad knowledge (consultants, seasoned senior practitioners, etc.)
- Not Applicable

6. Which areas of HR are you currently involved in? (check all that apply)

- Employee & Labour Relations (list)
- Occupational Health, Safety & Wellness (list)
- Organizational Effectiveness (list)
- Organizational Learning, Development & Training (list)
- Professional Practice in HR (list)
- Staffing (list)
- Total Compensation (list)
- None

ABOUT YOUR INTERESTS

7. Are there any areas in which you would like to expand your knowledge? (check all that apply)

- Employee & Labour Relations
- Occupational Health, Safety & Wellness
- Organizational Effectiveness
- Organizational Learning, Development & Training
- Professional Practice in HR
- Staffing
- Total Compensation
- None

8. Please indicate which of these activities most interest you: (5 max)

- CHRP Designation
- Conference + Tradeshow
- Discounts on Products & Services
- Educational Opportunities
- Job Opportunities
- Mentoring Program
- Networking
- Professional Awards
- Research
- Roundtables
- Volunteering

ABOUT YOU AS AN INDIVIDUAL

9. Female Male

10. What is your date of birth? (mm-dd-yyyy)

11. Highest educational level completed?

Print Form

Please Note: Adobe Reader will not save your information. If you do not have Adobe Acrobat, please fill out and print this form to submit.