



Membership Renewal Application
Program Year: July 1, 2008 to June 30, 2009

Please complete and return promptly with payment to:

MAHRA
P.O. Box 4995
Manchester, NH 03108

Select one:

- Membership Dues Only: \$60.00
Membership Dues and Monthly Program Meeting Fees: \$220.00
(includes annual membership dues and discounted prepayment for all monthly meetings)

Note: MAHRA Membership is per individual and therefore not transferable.

First Name: Last Name:

Co. Name: Title or Position:

Nature of Business: Work Phone:

Company Address:

City: State: Zip Code:

PLEASE INCLUDE "E-mail Address":

Fax: Number of Employees:

Member of MAHRA Since: Total Years of HR Experience:

Exempt Position: Yes No Full-time: Yes No

SHRM Member: Yes No If Yes, Membership Number:

HR Certification: PHR SPHR None Other

Would you like to volunteer to serve on the MAHRA Board in the future? Yes No

Please check each function you administer as a human resources professional:

- Wage & Salary Admin. Safety/Health EEO/AAP
Interviewing/Recruiting Labor Relations Policies/Procedures
Benefits Administration Manpower Planning Record Keeping
Training/Development Position Evaluation Employee Assistance

Signature: Date: