



New Member Application Form

Program Year: July 1, 2011 – June 30, 2012

Please complete and return promptly with payment to:

MAHRA, ATTN: Member Services, PO Box 4995, Manchester, NH 03108

Membership Dues \$75.00

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, SHRM Membership Number: _____

HR Certification: PHR SPHR None Other: _____

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

Percentage of time spent on HR responsibilities? _____

How did you learn about MAHRA? _____ Referred by? _____