

**Wisconsin Society of Healthcare
Human Resource Administration**



Membership Application

Be sure to include your job description or a summary of your job responsibilities with your Membership Application. *Please note: Membership is on an annual (Jan.-Dec.) basis and is payable each year, regardless of when an individual joins.*

Name: _____

Title: _____

Name of Organization: _____

Street: _____

City, State, Zip: _____

Area Code/Telephone: _____ Fax #: _____

E-Mail Address: _____

Do you have any professional certification?

PHR SPHR CEBS CCP Other (please specify): _____

What other HR organizations do you belong to?

ASHHRA SHRM RWHC HR Roundtable

State / Local: _____ Other (please specify): _____

How long have you been in your current position? _____

Is your application for WSHHRA membership new, or a replacement for someone at your organization?

New Replacement If replacement, for whom? _____

About your Organization – Please indicate type of organization (check one) and number of employees:

Clinic # of employees _____ Long Term Care Facility # of employees _____

Health Care Vendor # of employees _____ Other (please specify) # of employees _____

Home Health # of employees _____

Hospital/Hospital System # of employees _____

For those functions HR has responsibility, indicate the number of employees within your department.

Benefits _____ Compensation _____ Employment/Recruitment _____ Labor Relations _____

Occupational Health _____ Payroll _____ Safety/Security _____ Training/Development _____

Others _____ **Total # of HR Employees** _____

Will you help plan a future conference? Yes No

Which committee(s)/initiative(s) would you be willing to work on?

Best Practices Board Activities By-Laws Communication Compensation

HR Leadership Legislative Membership Other: _____

Do you have any suggestions for conference topics, speakers, or locations? _____

Other Comments: _____

I hereby apply for membership in the Wisconsin Society of Healthcare Human Resource Administration.

Signature: _____ **Date:** _____

Include a check for \$100 payable to WSHHRA (\$50 is the annual membership fee & \$50 is a one-time initiation fee). The \$50 initiation fee is waived if the applicant works at an organization with a current WSHHRA member. Mail all materials to WSHHRA at the following address:

WSHHRA, W175 N11117 Stonewood Drive, Suite 204, Germantown, WI 53022