



THE HUMAN SIDE OF HEALTHCARE

A professional membership group of the American Hospital Association



American Hospital Association

JOIN

Date: / /

To ensure your membership application is processed correctly, please complete all applicable sections of this form and include it with your payment. You may also complete and submit the application online at ASHHRA.org/JOIN.

Membership Status (select one): New Renewing

QUICK TIP: You may renew your membership by phone at (312) 422-2765.

Contact Information

Prefix:
First Name:
Middle Initial:
Last Name:
Suffix:
Designation(s):
Date of Birth (optional):

WORK

Title:
Organization:
Address:
City, State Zip:
Country:
Work Phone: Ext.:
Mobile: Fax:
Email:

HOME

Address:
City, State Zip:
Country:
Home Phone: Mobile:
Email:
Mail should be sent to: Work Home

MEMBERSHIP CATEGORIES

Practitioner

For individuals who have professional responsibilities for Human Resources or employee relations functions in organizations across the continuum of care. (REG)

Consultant

For individuals who support Human Resource leadership in organizations across the continuum of care through consultative services. (PCM)

Joint ASHHRA/SHRM Practitioner

Access all membership benefits of both ASHHRA and SHRM with the convenience of one invoice and discounted annual dues. (JOP)

Joint ASHHRA/SHRM Consultant

For a professional consultant member employed by an institution or company whose primary business is in health care human resources. (JOC)

Academic/Student Membership

For individuals who are currently faculty at a higher education institution or students enrolled in a degree-seeking program in a college or university (proof of enrollment required). (STU)

Retired

For individuals who formerly supported organizations across the continuum of care, but are no longer in the workforce. Must have been a previous ASHHRA member. Consultant members are not eligible. (RET)

GROUP

Group membership is available at discounted rates. Contact Erin Duvic: eduvic@aha.org | (312) 422-3723

# Professional Profile

Please complete the following information.

## About You

### 1. Check if you are

Current or former ASHHRA member (ID #: \_\_\_\_\_ )  
Current or former SHRM member (ID #: \_\_\_\_\_ )

### 2. Member of your local chapter:    No    Yes

### 3. Years in HR

0 - 1            2 - 5  
6 - 10          11 - 20  
More than 20 years

### 4. Years in Health Care HR

0 - 1            2 - 5  
6 - 10          11 - 20  
More than 20 years

### 5. Gender:    Male    Female

### 6. Highest Level of Education Achieved

High School/GED	Bachelor's Degree	Some college
Master's Degree	Technical School	Doctoral degree
Associate's Degree	Other:	

### 7. Race/Ethnicity

Multi-cultural	American Indian/Alaskan Native	
Asian/Pacific Islander	African American	
Hispanic	Caucasian	Other

## About Your Organization

### 1. Your function(s). Check all that apply

HR Generalist	Employment/Recruitment	Benefits
Compensation	Labor/Industrial Relations	Legal
Training/Development	Organizational Development	HRIS
Communications	Health/Safety/Security	
Research	EEO/Affirmative Action	
Employee Relations	Employee Assistance Programs	
Consultant	International HRM	
Administrative	Diversity	
Other, please specify:		

### 2. Department Size

<5    5-9    10-24    25-49    50-99    >100

### 3. Company Size (number of employees)

<100    100 – 499    500 – 999    1000 – 2499    2500 – 4999  
5000 – 9999    10000 – 24999    >25000

### 4. Organization Setting (select one)

National    Rural    Suburban    Urban    Other

### 5. Type of Organization

Hospital/Health Care System  
Health Care Organization Outside of Hospitals

## Dues

Select your membership category below.

Practitioner - \$160  
Consultant - \$210  
Joint ASHHRA/SHRM Practitioner - \$320  
Joint ASHHRA/SHRM Consultant - \$395  
Academic/Student - \$50  
Retired - \$50

### Total Amount Due: \$

I hereby apply for membership in the American Society for Healthcare Human Resources Administration and/or the Society for Human Resource Management and agree to pay the current applicable membership dues.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Payment

Payment must be included with mailed application. Mail application with check (*payable to ASHHRA*):

ASHHRA of the AHA  
P. O. Box 75315  
Chicago, IL 60675-5315

### Terms and Disclosures

\*ASHHRA/SHRM Joint Members – Save up to \$40 from combined regular annual membership dues. SHRM membership takes 5-7 business days to process. Effective date for both memberships will follow ASHHRA guidelines.

Dues for ASHHRA membership are not deductible as a charitable contribution, but a portion of the dues may be deductible as an ordinary and necessary business expense, except that, under IRC section 162(e)(1), 3% of the SHRM dues are not deductible. A portion of your dues payment, 21.2%, is nondeductible as it is allocable to lobbying expenditures.

The collection or use of member contact information for marketing of any kind by a member or any third party is strictly prohibited. Failure to abide by these terms will result in the termination of membership.