



# 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 - \$330  
Joint ASHHRA/SHRM Consultant - \$405  
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

### Pay by credit card

Name (as it is on card): \_\_\_\_\_

Card Type (Visa/Mastercard/AMex): \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

*\*Three-digit code located on the back of your credit card.*

### Pay by check

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.