

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: _____

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 can take up to two weeks (from the date ASHHRA receives payment) 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, 22.98%, 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.