

# SMHRA



*Santa Maria Human Resources Association*

## MEMBERSHIP APPLICATION

### Membership Criteria

***Membership is available to Human Resources Professionals who are:***

*Currently employed in executive, administrative, or management capacities, and responsible for or actively engaged in Personnel/HR Administration or Human Resources; Educators responsible for special training courses and/or programs related to Human Resources Administration, Human Resources or Business Management; Human Resources Consultant Professionals actively participating in private or public employment agencies, placement offices and personnel counseling.*

**Upon receipt of your application, we will send an invoice for annual membership dues of \$60.00 (renewals received prior to 12/31 receive a \$5.00 discount).**

### Membership Options:

SMHRA approves applications on an individual basis and does not currently offer group memberships.

An Individual Membership is owned by a singular HR Professional.

A Company Owned Membership applies to one representative within an organization. The owning organization may transfer the membership to another representative upon the original member's separation.

**MAIL YOUR APPLICATION TO: Santa Maria Human Resources Association  
P.O. Box 6953  
Santa Maria, CA 93456-6953**

**OR SCAN AND EMAIL YOUR APPLICATION TO: [membership@smhra.net](mailto:membership@smhra.net)**

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*Santa Maria Human Resources Association*

## MEMBERSHIP APPLICATION

Individual Membership

Company Owned Membership

NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

COMPANY'S PRINCIPAL PRODUCT, SERVICE OR FUNCTION: \_\_\_\_\_

CHIEF EXECUTIVE OFFICER OR LOCAL GENERAL MANAGER: \_\_\_\_\_

YOUR SUPERVISOR'S NAME AND TITLE: \_\_\_\_\_

NO. OF EMPLOYEES IN COMPANY: \_\_\_\_\_ NO. OF EMPLOYEES YOU SUPERVISE: \_\_\_\_\_

BRIEFLY DESCRIBE YOUR DUTIES AND RESPONSIBILITIES:

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SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_