



# Wiregrass Human Resource Management Association



## 2017 MEMBERSHIP APPLICATION/UPDATE

Member's Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Alternate Number: \_\_\_\_\_

WHRMA officers have my permission to share my contact information to other WHRMA members, guest speakers, and forum participants. If this is true, please initial \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Products/Services: \_\_\_\_\_

Number of Employees Locally: \_\_\_\_\_ Total: \_\_\_\_\_

Your Position: \_\_\_\_\_

Primary responsibilities: \_\_\_\_\_

SHRM Membership number: \_\_\_\_\_

**Program interests:** Please check important topics of interest to you and your company.

- |                            |                           |                      |
|----------------------------|---------------------------|----------------------|
| Education _____            | Legal _____               | Safety _____         |
| Employee Assessment _____  | Time Management _____     | Global HR _____      |
| Benefits _____             | Quality Control _____     | Stress/Health _____  |
| Training/Development _____ | Recruiting _____          | Worker's Comp. _____ |
| Mgmt Philosophies _____    | Retirement Benefits _____ | Others: _____        |
| Retention _____            | Diversity _____           | _____                |

\_\_\_\_\_  
**Member Signature**

\_\_\_\_\_  
**Date**

Please forward invoice & application form with check to:

Wiregrass HRM Association  
PO Box 10361  
Dothan, AL 36304