



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 <input checked="" type="checkbox"/> | Legal <input type="checkbox"/> | Safety <input type="checkbox"/> |
| Employee Assessment <input type="checkbox"/> | Time Management <input type="checkbox"/> | Global HR <input type="checkbox"/> |
| Benefits <input type="checkbox"/> | Quality Control <input type="checkbox"/> | Stress/Health <input type="checkbox"/> |
| Training/Development <input type="checkbox"/> | Recruiting <input type="checkbox"/> | Worker's Comp. <input type="checkbox"/> |
| Mgmt Philosophies <input type="checkbox"/> | Retirement Benefits <input type="checkbox"/> | Others: <input type="checkbox"/> |
| Retention <input type="checkbox"/> | Diversity <input type="checkbox"/> | |

Member Signature _____

Date _____

Please forward invoice & application form with check to:

Wiregrass HRM Association
PO Box 10397
Dothan, AL 36304