



**Northern Utah Human Resource Association
Area VI – Chapter 0218 – 100% Chapter
PO Box 1711. Ogden, UT 84402-1711**

www.nuhra.org

2017 Membership Application

New Application ☐ **Renewal** ☐

Exempt ☐

Non-Exempt ☐

Name _____ **Position/Title** _____

Company _____ **Telephone** _____ **ext** _____

Mailing Address _____ **Fax** _____

City, State, Zip _____ **E-Mail** _____

How would you prefer to receive info from NUHRA? **Direct Mail** ☐ **Email** ☐

MEMBERSHIP

You must be a current member of SHRM to join NUHRA

SHRM # _____ Expiration Date _____

Are you certified? PHR ☐ SPHR ☐ SHRM-CP ☐ SHRM-SCP ☐ Other ☐ _____

I will be joining as a: (see definitions on next page)

- **Member (\$150)** —→ **Professional Member** ☐ **General Member** ☐ **Associate Member** ☐
- **Student Member (\$25 per meeting or free to WSU SHRM members)** ☐

Why are you interested in joining NUHRA? _____

Would you be interested in serving on the Board of Directors? Yes ☐ No ☐

Please check the committee(s) on which you would be willing to serve:

Certification ☐ Legislative ☐ Programs/Speakers ☐ Newsletter ☐
Membership ☐ Golf Tournament ☐ Student Chapter ☐

SHRM & NUHRA occasionally make our Chapter roster available to carefully selected organizations that may be of interest to you.

Check here if you do not want your information to be released ☐

PROFESSIONAL EXPERIENCE

Please list your last 5 years of professional experience *or* submit a resume.

NUHRA Membership Classifications:

Professional Members. Individuals who are (a) engaged in the profession of human resource management at the exempt level for at least three years; (b) certified by the Human Resource Certification Institute; (c) faculty members holding an assistant, associate or full professor rank in human resource management or any of its specialized functions at an accredited college or university and have at least three years of experience at this level of teaching; (d) full-time consultants with at least three years' experience in counseling and advising clients on matters relating to the human resource profession, and/or (e) full-time attorneys with at least three years' experience in counseling and advising clients on matters relating to the human resource profession. Professional members may vote and hold office in NUHRA. **Only Professional Members may hold officer positions on the Board of Directors.**

General Members. Individuals engaged in human resource management at the exempt level, but who do not meet the requirements for Professional Member. General Members have voting rights and may serve on the board of Directors, but may not hold an officer position on the Board of Directors.

Associate Members. Individuals in non-exempt human resource management positions as well as those individuals who do not meet the professional member or general member categories, but who demonstrate a bona fide interest in human resource management and the mission of NUHRA. Associate members may not vote or hold an officer position on the Board of Directors. They may serve in other positions on the Board of Directors.

Student Members. Individuals who are actively enrolled in human resources degree programs at the college or university level and are current student members in good standing of SHRM. Student members may not vote and may not hold any position on the Board of Directors; however, the Student Chapter President will have a seat on the Board.

I, the undersigned, am applying as a member/subscriber in the Northern Utah Human Resource Association (NUHRA) and am enclosing payment for the appropriate classification marked above. I pledge to practice and uphold the ethics of the profession and to abide by the bylaws of the Chapter. I understand that membership/subscription in NUHRA is granted to me, as an individual, and is non-transferable/non-refundable. Further, I agree that I will not use my membership to solicit business for my company or employer.

Signature _____ Date _____

FOR NUHRA BOARD USE: Payment Amount: \$ _____ Cash ☐ PayPal ☐ Company Ck: ☐ Personal Ck: ☐ #: _____
Received by: _____ Date: _____ Rev. 03/2017