



Renewal Application

Note: This application must be completed in its entirety, signed, dated and submitted with payment prior to consideration.

* = Field is required.

Member Information

*First Name _____ Middle Name/Initial _____ *Last Name _____

Please note: You must provide either complete business or complete home contact information. It is not required that you provide both.

Business Contact Information

Organization _____

Job Title _____ Designation(s) _____

*Business Address _____

*Business City _____ *Business State _____ *Business Zip _____

*Business Phone _____ Cell Phone _____ Business Fax _____

*Preferred E-mail _____ Business Web Site _____

Home Information

*Home Address _____

*Home City _____ *Home State _____ *Home Zip _____

*Home Phone _____ Cell Phone _____

Mailing/Listing Information

- | | | | |
|--|--------------------------------|----------------------------|--|
| Preferred Mailing Address? | <input type="radio"/> Business | <input type="radio"/> Home | Total years of HR-related experience? |
| Preferred Phone? | <input type="radio"/> Business | <input type="radio"/> Home | <input type="radio"/> 0-1 |
| Do you want to be removed from HRP-MN email blast list? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> 1-2 |
| Do you want to be listed in the members-only online directory? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> 2-5 |
| Do you want to be removed from non-association mail? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> 5-10 |
| Are you a current member of SHRM? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> 10+ |

SHRM Affiliation

In order to support the HRP initiative to apply for Society for Human Resource Management (SHRM) Chapter Affiliation, we highly encourage all HRP members to become members of SHRM.

Are you interested in any of the following Volunteer Opportunities?

(Please check up to three)

- Board Member
- Committee Member
- Corporate Event Sponsor
- Program Presenter
- Mentor
- None at this time

Size of company?

- 1-24
- 25-49
- 50-99
- 100-249
- 250-499
- 500-999
- 1000-2499
- 2500-4999
- 5000-9999
- 10000-24999
- 25000+

How did you hear about Human Resource Professionals of Minnesota?

- HRP-MN Member: _____ (please list)
- Newspaper
- Website
- Other: _____

Memberships/offices held in other professional organizations?

The mission of Human Resource Professionals of Minnesota shall be to provide a forum for human resource professionals seeking to enhance their professional and personal development.

All members of HRP-MN agree to abide by the bylaws of the organization. The bylaws specifically state that members of HRP-MN must adhere to the following standards of conduct:

1. To uphold the mission and purpose of the organization.
2. To respect the personal and professional dignity of other members of the organization and to act in a manner which reflects the highest standards of the human resources profession.
3. Not to use the organization for direct solicitation of business other than through member advertising.

Membership Dues

There is a processing fee of \$10 for all new or reinstated memberships.

**Reinstated memberships apply to previous HRP-MN members who are rejoining after a lapse in membership. Annual dues are as listed below thereafter. Membership dues are non-refundable and are due annually on the anniversary date of acceptance.

Select your preferred membership level:

- Regular Member \$70
- Associate Member \$70

Acknowledgement

In consideration of HRP-MN accepting this application, I agree that all information provided in this application is complete and correct to the best of my knowledge. I waive and release all claims, demands and actions that I now or may in the future have against HRP-MN, its officers, directors, members, agents, and employees for any act or omission in granting or denying membership in HRP-MN or in censoring, suspending, expelling or terminating my membership in HRP-MN.

Signature* _____

Date* _____

(For office use only)

| | | |
|-----------|--|------|
| initials | | fin. |
| date | | |
| CK/CC | | |
| amt. paid | | |
| bal. due | | |

Payment

- Check (payable to HRP-MN) Visa MasterCard

Cardholder Name _____ Card Number _____

Exp. Date _____ 3-Digit Sec. Code (req.) _____ Cardholder Phone _____

Cardholder Signature _____

Membership Categories

Regular Membership: is available to members who meet on of the following criteria.

1. Have at least 2 years experience of professional HR experience
2. Employed in the HR field, or related profession, or employed as a consultant in the HR field
3. Employed as the senior manager or owner of an HR related service. Such senior managers shall be limited to 10% of total membership.

Associate Membership: is available to members who meet one of the following criteria.

1. past regular member no longer eligible for regular membership
2. individuals currently employed in the HR profession, but with less than 2 years professional experience
3. para-professional staff supporting the HR field
4. individuals with a 4-year college degree or advanced HR degree who lack 2 years professional experience

**HRP reserves the right to hold non-SHRM membership applications for future review in order to maintain our SHRM Chapter affiliation

Mail or fax Payment to:

Human Resource Professionals of Minnesota, 1000 Westgate Drive, Suite 252, St. Paul, MN 55114
Ph. (651) 288-3434 | Fax (651) 290-2266 | www.hrpmn.org