

LANCASTER COUNTY ASSOCIATION
FOR HUMAN RESOURCE MANAGEMENT

LCAHRM Membership Application

Membership Year: July 1 to June 30

First Name:

Last Name:

By submitting this application, I hereby agree to adhere to the code of ethics and actively support LCAHRM. Violation of the Code of Ethics may result in removal from the LCAHRM and forfeiture of dues.

Agree or Disagree

Accurate demographic information helps us make better decisions on programming and services. Please complete the following by circling, checking, or listing the required information. Then proceed to the payment section below.

Are you a returning LCAHRM member? Yes No

Member Type: circle one
Professional General Student Member in Transition

National SHRM #

For student members only –

Name of School enrolled:

Current number of credits this term:

Home Address:

Home Phone:

Home E-mail:

Employer Name:

Employer Address:

Employer Phone:

Employer Fax:

Employer E-mail:

Send correspondence to home or work:

Title:

Category that best fits your position:

- (Highest) Highest ranking HR employee
- (Manager) Not highest ranking HR employee / Generalist
- (Specialist) specify _____
- (Administrative)

Position Status: circle one Exempt Nonexempt

Number of years experience in the HR field:

Highest Degree Earned:

Area of concentration:

Main job responsibilities:

Secondary job responsibilities:

Use the following codes/categories. Affirmative Action/EEO (**AA**) Benefits (**BE**) Communications (**CO**)
Compensation (**CP**) Generalist (**GN**) Labor Relations (**LA**) Organizational Development (**OD**)
Public Affairs/Community Relations (**PA**) Safety (**SA**) Staffing/Recruitment (**ST**) Training (**TR**)

Type of Business: circle one

Manufacturing Wholesale Financial Services Health/Medical Real Estate
Utility Insurance Printing Electronics Legal Services
Ag Product Service Media Retail Hospitality Education
Transportation Other, please specify _____

of Employees Company Wide: # of Lancaster County Employees: circle one

0-50 51-100 101-250 251-500 501-1000 over 1000

of Employees in HR Department:

OPTIONAL SURVEY QUESTIONS

1. Ethnicity circle one

Asian African American/Black Caucasian/White Hispanic/Latino
Native American Pacific Islander Other (Please Specify) _____

2. Age circle one

18-29 30-39 40-49 50-55 56+

3. Gender circle one

Female Male

Payment

DUES:

- \$40 SHRM members, **SHRM #:** _____
- \$50 Non-SHRM members

MEETING PRE-REGISTRATION

- \$128 additional (\$16.00 discount),

Automatic registration for eight monthly program meetings – October, November, December, January, February, March, May, and June meetings (excludes seminars and legislative meetings).

