

LCAHRM '10-'11 Membership Enrollment

(MEMBERSHIP YEAR RUNS FROM 7/1/2010 TO 6/30/2011)

SHRM #:

Member of LCAHRM Since:

- If you are a SHRM member, please remit \$40
- If you are not a SHRM member, please remit \$50

MEETING PRE-REGISTRATION

- Please remit an **additional** \$128.00 (\$16.00 discount)

For your convenience, we will automatically register you for eight monthly program meetings -- October, November, December, January, February, March, May, and June meetings only (excludes seminars and legislative meetings).

TOTAL \$

**PLEASE COMPLETE ALL INFORMATION AND RETURN WITH PAYMENT TO:
LCAHRM, PO BOX 8244, LANCASTER, PA, 17604-8244. THANK YOU.**

First Name:

Last Name:

Title:

Category that best fits your position:

(Highest) Highest ranking HR employee
(Specialist) specify _____

(Manager) Not highest ranking HR employee / Generalist
(Administrative)

Professional Certification:

Business Name:

Business Address:

Business Phone:

Business Fax:

E-mail:

Home Address:

Send correspondence to home or work:

Position Status (Exempt/Nonexempt):

Member Status (see back for descriptions):

Professional (P) General (G) Associate (A) Student (S)

Number of years experience in the HR field:

Highest Degree Earned:

Main job responsibilities:

Secondary job responsibilities:

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:

Manufacturing (MF) Wholesale (WH) Financial Services (FS) Health/Medical (HM) Real Estate (ES) Utility (UT) Insurance (IN)
Printing (PR) Electronics (EL) Legal Services (LS) Ag Product/Service (AG) Media (ME) Retail (RE) Hospitality (HO) Education (ED)
Transportation (TR) Other, please specify _____

of Employees Company Wide:

of Lancaster County Employees:

(A) 0-50 (B) 51-100 (C) 101-250 (D) 251-500 (E) 501-1000 (F) over 1000

of Employees in HR Department:

Are you interested in serving on a committee this term? Y or N

If Y, circle committee name: Program Membership Professional Development Communications Legislative