

HRACI Renewal Form

Please complete both pages. If paying by credit card you can e-mail to cmp@hraci.org or fax to (317) 841-8206. If paying by check, please mail response. Questions? Contact our offices at 317-841-3236.

Name: _____

Work Address:

Company: _____

Address _____

City: _____

State: _____ Zip: _____

Phone: _____

Fax: _____

Email: _____

Home Address:

Address _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Please direct all HRACI communication to my: Work Home

Please provide your home address to ensure continuity of your membership. If applicable, home address will only be used for communication from the Membership Committee in the event that your work address becomes obsolete.

Do you or your company pay for your membership? I pay My employer pays

Are you a member of SHRM (national membership) Yes No If yes what is your member # _____

Demographic Information (All information is for HRACI internal use only.)

What is your gender? Male Female

What is your ethnicity? Multicultural Native American/Alaskan Native Asian/Pacific-Islander Black Hispanic White

What is your geographic location(s) of preference for meetings? North Northwest Northeast Downtown West East South Southwest Southeast

Membership type: Professional (HR practitioner) Vendor (you supply products or services to HR professionals) Consultant Student

Number of experience in HR: less than 2 3-5 6-10 more than 10

What is your primary job function? Select one. HR Generalist Employment/Recruitment Benefits Compensation Labor/Industrial Relations Training/Development Organizational Development Legal Health, Safety, Security Employee Asst. Programs Employee Relations Communications EEO/Affirmative Action HRIS Research Consultant Administrative International HRM Diversity

Secondary Job Function Select one. HR Generalist Employment/Recruitment Benefits Compensation Labor/Industrial Relations Training/Development Organizational Development Legal Health, Safety, Security Employee Asst. Programs Employee Relations Communications EEO/Affirmative Action HRIS Research Consultant Administrative International HRM Diversity

Business Industry: Agriculture, Forestry, Fishing Manufacturing (nondurable goods) Manufacturing (durable goods) Transportation Utilities Wholesale/Retail Trade Finance Insurance Services (profit) Services (nonprofit) Health Real Estate Educational Services Government Construction/Mining Oil & Gas Library Publishing/Broadcast Independent Consultant High Tech

Company size: fewer than 100 100-499 500-999 1,000-2,499 2,500-4,999 5,000-9,999
 10,000-24,999 25,000 and more

Size of HR department: 4 or fewer 5-9 10-24 25-49 50-99 100 and more

I would also like to join the HRACI SIG: EMA Indiana (Employment Management Association) (no extra cost to join)

I would also like to join the new HRACI Consultants Forum SIG.

Do you have an interest in participating in any of the following?:

Legislative process on HR issues

Community relations volunteer opportunities

Speaking to the media on a particular topic, as needed

Facilitating a topic for the PHR/SPHR Study Group

HRACI Shirt:

Yes! I would like to purchase a HRACI polo shirt (as seen on hraci.org).

Size: Small Medium Large X Large XX Large

Type: Men's Women's

Please add \$35 to your total payment for your shirt order.

Payment Information: 2009 Renewal Cost is only \$125. Student rate is \$62.50. Membership is good through 12/31/09

Payment Method: Check MasterCard Visa American Express

Credit Card #: _____ Expiration Date: _____

Name on the card: _____ Amount to charge: _____

Please make checks payable to HRACI. If a company is sending the check, please make sure the new member's name is on the check. Mail checks to HRACI, 9840 Westpoint Drive, Suite 260, Indianapolis IN 46256.