

[ PLEASE COMPLETE THIS SIDE OF THE FORM ]

## MEMBER DEMOGRAPHICS

### COP. SIZE/NUMBER OF EMPLOYEES:

- 1-24
- 25-49
- 50-99
- 100-499
- 500-999
- 1000-2999
- 3000-4999
- 5000+

### GOVERNMENT RELATIONS:

- Federally Regulated
- Provincially Regulated

### SPECIFY PRIMARY AREA OF FOCUS OR PROFESSIONAL SPECIALTY:

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### NATURE OF BUSINESS: [ check only one ]

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Agriculture and Primary Resources | <input type="checkbox"/> Government and Public Sector | <input type="checkbox"/> Manufacturing Industries   |
| <input type="checkbox"/> Business/Professional Services    | <input type="checkbox"/> Agencies/Commissions         | <input type="checkbox"/> Marketing and Sales        |
| <input type="checkbox"/> Communications and Publishing     | <input type="checkbox"/> Health and Social Services   | <input type="checkbox"/> Non-profit Organizations   |
| <input type="checkbox"/> Construction Industries           | <input type="checkbox"/> Hospitality and Recreation   | <input type="checkbox"/> Storage and Transportation |
| <input type="checkbox"/> Educational Institutions          | <input type="checkbox"/> Industries                   | <input type="checkbox"/> Utilities                  |
| <input type="checkbox"/> Secondary                         | <input type="checkbox"/> HR Consultant - Firm         | <input type="checkbox"/> Wholesale and Retail Trade |
| <input type="checkbox"/> Educational Institutions Post     | <input type="checkbox"/> HR Consultant - Independent  | <input type="checkbox"/> Other: _____               |
| <input type="checkbox"/> Finance and Insurance             | <input type="checkbox"/> Information Technology       |   |

### EDUCATION COMPLETED: [ check only one ]

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> High School                    | <input type="checkbox"/> University Undergraduate Degree | <input type="checkbox"/> PhD          |
| <input type="checkbox"/> College Certificate or Diploma | <input type="checkbox"/> Master's Degree                 | <input type="checkbox"/> Other: _____ |

Did you obtain your highest level of education or professional experience from an accredited academic institution or verifiable corporate body outside the boundaries of Canada?  Yes  No

### LIST YOUR PROFESSIONAL DESIGNATIONS:

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## DECLARATION

[ You must read and sign this declaration to receive membership with HRP. ]

I hereby apply for membership in the Human Resources Professionals Association (HRPA) and submit the above information for consideration. If accepted, I agree to abide by the code of ethics, regulations and bylaws of the association. All of the submitted information is accurate. I understand that it is a breach of the association's code of ethics to provide false information. I understand that the HRPA may release my membership information to certain partners/approved groups from time to time as required. I understand that I must pay annual dues to maintain my membership in HRPA.

Name: [ please print ] \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application must include payment and supporting documents where required. HRPA does not invoice, and cannot process your application without payment.



# ALLIED PROFESSIONAL MEMBERSHIP APPLICATION

# IT'S ABOUT PEOPLE. IT'S ABOUT YOU.



Human Resources  
Professionals  
Association



# ALLIED PROFESSIONAL MEMBERSHIP APPLICATION INFORMATION

Complete and submit this new membership application to apply for membership in the Human Resources Professionals Association (HRPA). HRPA's membership year begins June 1 and ends May 31.

In order to process your application in a timely manner, please review the following checklist to ensure that you have completed all the necessary elements:

## ALLIED PROFESSIONAL MEMBERSHIP APPLICATION CHECKLIST:

- Print clearly and fill in all areas on the application form
- Determine your membership dues by *carefully* consulting the rates listed at <http://www.hrpa.ca/rates>
- Review and sign the new membership application declaration.

Send completed application form, appropriate original documentation and full payment to:

**HRPA**  
**150 Bloor Street West, Suite 200**  
**Toronto, Ontario**  
**M5S 2X9**

## MEMBERSHIP CATEGORIES:

An individual who is a current member of a regulated profession listed in Schedule 1 of the Fair Access to Regulated Professions Act and any other professional regulatory bodies as the Board may approve at its sole discretion from time to time may be admitted to the category of Allied Professional. Allied Professional members must provide proof of their professional status and good standing with their professional regulatory body.



Human Resources  
Professionals  
Association

# ALLIED PROFESSIONAL MEMBERSHIP APPLICATION FORM

Priority Code

Complete and submit this application to apply for membership in the Human Resources Professionals Association (HRPA).

## ALLIED PROFESSIONAL MEMBERSHIP DUES\*:

- \$150.00 Plus Chapter fee

\*All dues include HRPA dues, administration and first year Chapter dues. Taxes are applicable to all dues. Fees are prorated throughout the membership year by month. See chart at [www.hrpa.ca/rates](http://www.hrpa.ca/rates) for amounts. HRPA's membership year begins June 1 and ends on May 31.

## MEMBER INFORMATION

[ This information will be used for all contact with you and will constitute your membership record. ]

First Name: [ please print ] \_\_\_\_\_ Last Name: \_\_\_\_\_ Initial: \_\_\_\_\_

### CONTACT INFORMATION:

Company: \_\_\_\_\_ Job Title: \_\_\_\_\_

MAILING ADDRESS:  Business  Home [ please check one ]

Address: \_\_\_\_\_ Unit: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ ext.: \_\_\_\_\_ Other Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_

## CHAPTER SELECTION

**ALL HRPA MEMBERS MUST BELONG TO A CHAPTER.** This affiliation is selected by you and depends on where you live, work, or attend an academic institution. [ check only one ]

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Algoma                  | <input type="checkbox"/> Kingston             | <input type="checkbox"/> Sarnia and District             |
| <input type="checkbox"/> Barrie and District     | <input type="checkbox"/> London and District  | <input type="checkbox"/> Stormont, Dundas, and Glengarry |
| <input type="checkbox"/> Brockville and District | <input type="checkbox"/> Niagara              | <input type="checkbox"/> Sudbury                         |
| <input type="checkbox"/> Durham                  | <input type="checkbox"/> North Bay            | <input type="checkbox"/> Timmins and District            |
| <input type="checkbox"/> Grand Valley            | <input type="checkbox"/> Northumberland       | <input type="checkbox"/> Toronto                         |
| <input type="checkbox"/> Grey Bruce              | <input type="checkbox"/> Northwestern Ontario | <input type="checkbox"/> West Toronto                    |
| <input type="checkbox"/> Guelph and District     | <input type="checkbox"/> Ottawa               | <input type="checkbox"/> Windsor and District            |
| <input type="checkbox"/> Halton                  | <input type="checkbox"/> Peel                 | <input type="checkbox"/> York Region                     |
| <input type="checkbox"/> Hamilton                | <input type="checkbox"/> Peterborough         |  |
| <input type="checkbox"/> Kent                    | <input type="checkbox"/> Quinte               |  |

## MAKE A GIFT TO THE HUMAN RESOURCES RESEARCH INSTITUTE (HRRI)

HRPA has reconstituted HRRI as separately incorporated organization with the purpose of advancing the HR profession and the mission of HRPA as an HR thought leader by funding scholarships for students in HR and related fields, and for empirical academic research with clear applicability for evidence-based HR practice.

- YES I would like to make a voluntary contribution to support HRRI in the amount of:
  - \$1000  \$500  \$100  \$50  \$20
  - Please contact me about other gifting options
- NO I do not want to make a voluntary contribution to support HRRI.

## METHOD OF PAYMENT

[ Payment must accompany this application form. Payment is for the HRPA membership year ending May 31 ]

Membership Fee: \$ \_\_\_\_\_

TAX: \$ \_\_\_\_\_ [ HRPA HST # R104154273 ]

Total Amount Enclosed: \$ \_\_\_\_\_  Cheque  Visa  MasterCard  American Express

Cardholder's Name: [ please print ] \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ MM / YY

Note: Information gathered using this form will constitute your membership contact information and will be displayed on the HRPA secure online Membership Directory. Once you have gained access to this directory using your password, you can choose which information is displayed to other members.

HRPA is committed to protecting the privacy of your personal information. Information collected from this form will be used for membership processing purposes, and to notify you about HRPA and HR-related programs and services. For further information, please visit our website at [www.hrpa.ca](http://www.hrpa.ca), and click on the "privacy" link, or contact [privacy@hrpa.ca](mailto:privacy@hrpa.ca).