

[PLEASE COMPLETE THIS SIDE OF THE FORM]

MEMBER DEMOGRAPHICS

EDUCATION COMPLETED: [check only one]

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

CURRENT ACADEMIC INFORMATION:

Academic Institution: _____ Year: 1st 2nd 3rd 4th

Anticipated Graduation Date: _____ MM / YY

PRIMARY AREA OF INTEREST: [check only one]

- | | | |
|---|--|---|
| <input type="checkbox"/> Benefits | <input type="checkbox"/> HR Information Systems | <input type="checkbox"/> Pay Equity |
| <input type="checkbox"/> Change Management | <input type="checkbox"/> Human Resources Planning | <input type="checkbox"/> Pension Administration |
| <input type="checkbox"/> Compensation | <input type="checkbox"/> International Human Resources | <input type="checkbox"/> Performance Management |
| <input type="checkbox"/> Employee Relations | <input type="checkbox"/> Industrial/Labour Relations | <input type="checkbox"/> Recruitment |
| <input type="checkbox"/> Employment Equity | <input type="checkbox"/> Job Evaluation | <input type="checkbox"/> Training and Development |
| <input type="checkbox"/> Generalist | <input type="checkbox"/> Management | <input type="checkbox"/> Wage/Salary Administration |
| <input type="checkbox"/> Health and Safety | <input type="checkbox"/> Organizational Development | <input type="checkbox"/> Other: _____ |

DECLARATION

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

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.



FULL-TIME STUDENT MEMBERSHIP APPLICATION

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



Human Resources
Professionals
Association



Human Resources Professionals Association
(HRPA)

150 Bloor Street West, Ste 200
Toronto, ON M5S 2X9

Tel 416.923.2324 Fax 416.923.7264
Toll-free 1.800.387.1311

www.hrpa.ca



Complete and submit this new full-time student 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:

MEMBERSHIP APPLICATION CHECKLIST:

- Print clearly and fill in all areas on the application form
Include all the necessary original documentation (transcripts, grade reports, registration confirmation, etc.)
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:

FULL-TIME STUDENT:

A Full-time Student member is taking a minimum of three concurrent HRPA approved courses in human resources management in a post-secondary diploma or degree program, and is not employed on a full- or part-time basis in human resources.

[FOR THE FOLLOWING CATEGORIES OF MEMBERSHIP, PLEASE USE THE MEMBERSHIP APPLICATION FORM]

PRACTITIONER:

A Practitioner Member is a human resources practitioner who is working toward or has attained the association's academic requirements for the CHRP designation. The academic requirements must be achieved within the time period prescribed by the HRPA Board of Directors.

GENERAL:

A General Member is interested in the practice of human resources: lawyer, specialist, consultant, retiree, academic, line manager, or others who do not qualify for other categories.



Human Resources
Professionals
Association

Priority Code

[Priority Code input box]

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

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 for amounts. HRPA 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:

Address: Apt:

City: Province: Postal Code:

Telephone: () Other Telephone: ()

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]

- Algonia, Barrie and District, Brockville and District, Durham, Grand Valley, Grey Bruce, Guelph and District, Halton, Hamilton, Kent, Kingston, London and District, Niagara, North Bay, Northumberland, Northwestern Ontario, Ottawa, Peel, Peterborough, Quinte, Sarnia and District, Stormont, Dundas, and Glengarry, Sudbury, Timmins and District, Toronto, West Toronto, Windsor and District, York Region

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