

New Membership     Renewal Membership

## INDIVIDUAL OR AGENCY PRIMARY CONTACT\* (to assist with accuracy, please attach your business card)

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

AGENCY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

\*If agency, please list additional staff you wish to cover with membership on a separate sheet of paper.

### I WORK IN THE FOLLOWING INDUSTRY

- |   |   |
|---|---|
| <input type="checkbox"/> Federal Government   | <input type="checkbox"/> University/School      |
| <input type="checkbox"/> State Government     | <input type="checkbox"/> Private Industry       |
| <input type="checkbox"/> County Government    | <input type="checkbox"/> Independently Employed |
| <input type="checkbox"/> Municipal Government | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Special District     |   |

### FUNCTION (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Employment/Recruitment     | <input type="checkbox"/> Health/Safety/Security     |
| <input type="checkbox"/> Benefits                   | <input type="checkbox"/> HRIS                       |
| <input type="checkbox"/> Compensation               | <input type="checkbox"/> Consultant                 |
| <input type="checkbox"/> Training/Development       | <input type="checkbox"/> Labor/Industrial Relations |
| <input type="checkbox"/> Organizational Development | <input type="checkbox"/> EEO/Affirmative Actions    |
| <input type="checkbox"/> Communications             | <input type="checkbox"/> Other _____                |

### AGENCY DUES

Number of Covered Staff Members (CSM)	Standard Dues	Online Dues
1-3 Staff	\$369	\$297
4-6 Staff	\$739	\$587
7-10 Staff	\$1,237	\$977
11-15 Staff*	\$1,857	\$1467
16-20 Staff*	\$2,477	\$1957
21+ Staff*	\$2,477 + \$115/CSM	\$1,957 + \$95/CSM

\*Membership level includes one complimentary IPMA-HR International Training Conference Registration fee (a \$700 value!)

### METHOD OF PAYMENT

- A check for \$\_\_\_\_\_, payable to IPMA-HR, is enclosed.
- Charge \$\_\_\_\_\_ to  Visa  Mastercard

ACCOUNT # \_\_\_\_\_ EXPIRATION \_\_\_\_\_

NAME AS IT APPEARS ON CREDIT CARD \_\_\_\_\_

SIGNATURE OF CARDHOLDER \_\_\_\_\_

- Mail Preference Service.** IPMA-HR occasionally shares information with recognized organizations that alert members to relevant goods and services. Please check the box if you prefer **NOT** to have your name provided to those organizations.

### MEMBERSHIP CATEGORY (check one, see Agency Dues chart)

- Standard Agency:** All agencies conducting public HR functions, both in the U.S. and internationally are eligible as well as independent consulting groups, for-profit, and private sector companies.
- Online Agency:** Any agency who qualifies as a Standard Agency member but wishes to receive all of their benefits online only. Online Agency members do not receive printed publications *(will have access to publications online)*.
- \$149 Standard Individual:** Individuals employed by an agency and currently working in the public HR field or are currently unemployed and looking for work in the field.
- \$105 Online Individual:** Anyone who qualifies as a Standard Individual member but wishes to receive all of their benefits online only. Online Individual members do not receive printed publications *(will have access to publications online)*.
- \$50 Entry-Level Professional—NEW!** This special online membership is designed for new government HR professionals in their first 5 years of working in the field. Entry-Level Professional members do not receive printed publications *(online members will have access to publications online)*.
- \$77 Emeritus:** All individuals fully retired from personnel work who are no longer employed or acting as consultants.
- \$37 Student:** Any full-time graduate or undergraduate student, or any person participating in a formal public service internship sponsored by a recognized academic institution. *(Please provide a copy of your student ID or most recent transcripts)*

### ADDITIONAL INFORMATION

How many years have you been in the HR profession? \_\_\_\_\_

Are you a member of any other human resources organizations? If so, please list: \_\_\_\_\_

How did you hear about IPMA-HR (if colleague, please provide name)? \_\_\_\_\_

Company/Department Size:  1-5     6-10     11-15     16-20     21 or more

### WAYS TO JOIN

-  **JOIN IPMA-HR ONLINE AT:**  
[www.ipma-hr.org](http://www.ipma-hr.org)
-  **FAX YOUR APPLICATION TO:**  
**703-684-0948**
-  **MAIL TO:**  
**1617 Duke Street, Alexandria, VA 22314**
-  **SCAN AND EMAIL APPLICATION TO:**  
**membership@ipma-hr.org**

1617 Duke Street  
Alexandria, VA 22314  
Phone: (703) 549-7100  
Fax: (703) 684-0948  
membership@ipma-hr.org  
www.ipma-hr.org