

Member Application

Applicant Information

Full Name:	_____			Date:	_____
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		
Title	_____				
Organization	_____				
Address:	_____				
	<i>Street Address</i>		<i>Mail Station #</i>		
	_____		_____		
	<i>City</i>		<i>State</i>	<i>ZIP Code</i>	
	_____		_____	_____	
Phone:	() _____	FAX	() _____		
Alternate Phone	() _____	E-mail	_____		

Reporting Relationships

To whom do you report?	How many people report to you?	How many levels are you away from the CEO? _____
_____	_____	
<i>Title</i>		

Organization Information

Give a brief description about your organization's product, services, market or the nature of your business		
What is your most pressing organizational/HR issue?		
Annual Sales or revenue	Annual Net Income:	Number of employees

Your information

How many years of HR experience?	Describe your career progression:		
_____	_____		
Describe your educational background:			

In which of the following areas have you had experience?			
<input type="checkbox"/> Employee Relations	<input type="checkbox"/> Performance systems	<input type="checkbox"/> Staffing	<input type="checkbox"/> Succession Planning
<input type="checkbox"/> Training and Development	<input type="checkbox"/> Organizational Development	<input type="checkbox"/> HRIS	<input type="checkbox"/> Compensation
<input type="checkbox"/> Benefits	<input type="checkbox"/> Labor Relations	<input type="checkbox"/> Strategic planning	<input type="checkbox"/> Line management
What do you hope to accomplish through hr connection ?			

Small groups set their own agenda. What three things would you want on the agenda?			

Describe your most recent developmental opportunity. What was it? When?			

2012 Fees

<input type="checkbox"/> \$2,200 (\$200 annual savings over quarterly) <input type="checkbox"/> \$600 per quarter	<ul style="list-style-type: none"> • fees are prorated depending on the time of the year/quarter in which a member joins • additional 5% discount when there are 2-3 members from the same company • Additional 10% discount when there are 4 or more members
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Payment method <input type="checkbox"/> Enclosed is a check for _____ made payable to hr connection <input type="checkbox"/> Please invoice me. You will receive a confirmation/invoice via e-mail. <input type="checkbox"/> Charge to Credit Card Number _____, exp. date _____ If paying by credit card please MAIL or FAX your registration. Do NOT send credit card information via e-mail.	Mail to: hr connection , 2529 Dean Parkway, Suite 300, Minneapolis, MN 55416 FAX to: 612 925-8344 E-Mail to: sandra.howard@hrconnection.net
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