



APPLICATION FOR MEMBERSHIP

On this, the _____ day of _____, I, _____ hereby make request that my name be brought before the members of the Wayne County Human Resources Association for the purpose of considering my application to be received as a Regular Member of said Association based on my personal qualifications and the qualifications of my employer. I submit the following information as indication of my bona fide interest in the affairs of the WCHRA:

- 1. Name of Employer: _____
2. Subsidiary/Affiliate of: _____
3. Business Mailing Address: _____
4. Business Phone: _____ Fax: _____
5. E-mail Address: _____
6. Nature of Business (describe) _____
7. My present responsibilities with the above stated employer as it relates to human resource management are: _____
8. I spend approximately _____% of my time relating to the above stated responsibilities.
9. What area of expertise can you bring to the WCHRA? _____

Signature of Applicant

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