

National Association of African Americans in Human Resources Membership Application 2010

Applicant Information

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	<i>Please Print Name Clearly:</i>	<input type="checkbox"/> PHR <input type="checkbox"/> SPHR <input type="checkbox"/> CCP <input type="checkbox"/> CBP <input type="checkbox"/> CEEBS <input type="checkbox"/> JD <input type="checkbox"/> PhD <input type="checkbox"/> Other: _____
<input type="checkbox"/> Renewal	<input type="checkbox"/> New Member. I was referred by:	

Membership Category

All NAAHR Memberships are based on the calendar year January 1 – December 31

<input type="checkbox"/> Professional (\$125)	<input type="checkbox"/> Lifetime (\$1,000)	<input type="checkbox"/> Corporate (\$1,000)	<input type="checkbox"/> Corporate Elite (\$5,000)	<input type="checkbox"/> Student ¹ (\$30)
<i>Please indicate the chapter or interest group you want to be affiliated with during the coming year:</i>				
<input type="checkbox"/> No Chapter <input type="checkbox"/> Atlanta <input type="checkbox"/> Baltimore <input type="checkbox"/> Birmingham <input type="checkbox"/> Charlotte <input type="checkbox"/> Chicago <input type="checkbox"/> Cleveland	<input type="checkbox"/> Colorado <input type="checkbox"/> Columbia <input type="checkbox"/> Columbus <input type="checkbox"/> Dallas <input type="checkbox"/> Dayton/Cincinnati <input type="checkbox"/> Detroit <input type="checkbox"/> Houston <input type="checkbox"/> Indianapolis	<input type="checkbox"/> Jacksonville (FL) <input type="checkbox"/> Kansas City <input type="checkbox"/> Los Angeles <input type="checkbox"/> Memphis <input type="checkbox"/> Minneapolis <input type="checkbox"/> Nashville (Middle TN) <input type="checkbox"/> New Mexico	<input type="checkbox"/> New York <input type="checkbox"/> Northern California <input type="checkbox"/> Orlando <input type="checkbox"/> Philadelphia <input type="checkbox"/> Phoenix <input type="checkbox"/> Raleigh (NC Triangle) <input type="checkbox"/> Richmond <input type="checkbox"/> South Florida	<input type="checkbox"/> St Louis <input type="checkbox"/> Washington DC <input type="checkbox"/> _____

Business Contact Information

Job Title:		
Current Employer:		
Address Line 1:		
Address Line 2:		
City:	State:	Zip:
Phone:	E-mail:	

Home Contact Information

Address:		
City:	State:	Zip:
Phone:	E-mail:	

Member Statements

I prefer NAAHR use my business contact information home contact information.

I hereby apply for membership in the National Association of African Americans in Human Resources and agree to pay the current applicable dues. I pledge to assist in carrying out the objectives of NAAHR and to abide by the by-laws of the association.

Signature of Applicant:	Date:
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: : Please Complete Payment Information on Reverse Side of Application : :

¹ A Student Member must be attending a degree-granting college or university on a full-time basis. Regardless of the number of credit-hours taken, no person shall be eligible for NAAHR Student Membership if employed full-time. Documentation of student status must be attached with payment to this application or student status will be denied.

Thank You for Your Membership in NAAAHR!

:: Please Be Sure Page 1 of Your Membership Application is Attached to This Payment Information ::

Please mail this application for membership or renewal with your payment to:

The National Association of African Americans in Human Resources (NAAAHR)
PO Box 311395, Atlanta, GA 31131
Federal Tax Identification #: 52-2122803

Name of Member/Applicant: _____

Check # _____ Money Order # _____ In the amount of \$ _____
 [If your check is returned for any reason, you will be charged a \$35 processing fee, or actual bank fees, whichever is higher]

I authorize \$ _____ to be charged to my Visa Mastercard AmEx

Credit Card#: _____ Verification Code: _____ Exp Date: _____ / _____

Print Cardholder Name: _____

Cardholder Signature: _____

Credit Card Billing Address: same as business same as home shown below

IMPORTANT! This info must match the information on your credit card statement or your charge will not be approved, resulting in a delay in membership activation. Please print clearly.		For NAAAHR Use Only
First Name		Transaction Code:
Last Name		
Phone Number		
Company		Authorization Code:
Address		
City		
State		Problems:
Zip		
Email address for payment confirmation (cc# will not be sent via email)		

- Thanks for joining (or renewing your membership in) NAAAHR.
- Your credit card statement may reflect a charge from either NAAAHR or InSite Business Solutions (RunMyClub.Com)
- Once your membership has been confirmed you will be able to go online to complete a Member Profile, view the Member Directory and access other Member Only resources.

ADMINISTRATION: For NAAAHR Use Only			
Action	Date	By	Notes
Date Received at PO			
Payment Method & Amount Confirmed			
Student Eligibility Confirmed			
Date Sent to Membership			
Date Received by Membership			
Email Confirmation to Member			
Data Entry Completed			
Member Materials Shipped			