

CNHRMA

Central Nebraska Human Resource Management Association
P.O. Box 932, Grand Island, NE 68802-0932
www.cnhrma.org

Serve the professional. Advance the profession.

2012 Survey/Membership Renewal

- A. Rank order the top 5 issues you would like addressed at CNHRMA's meetings in 2012 Put a "1" in front of the issue you would most like addressed, put a "2" in front of the issue you would next like addressed, and etc.

- ___ Injury prevention
- ___ Employee retention
- ___ Developing a Total Rewards Strategy
- ___ Diversity
- ___ The Future of HR
- ___ Leadership
- ___ Legal Issues
- ___ Compensation and Benefits
- ___ Organizational Development
- ___ Performance Management
- ___ Affirmative Action Compliance
- ___ Human Resource Certification
- ___ Other (specify)

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- B. What speakers do you know, or have heard, that CNHRMA should invite to speak at a meeting? Please note name, topic, and contact information.

1. _____
2. _____
3. _____

- C. What sites in the Grand Island, Hastings and Kearney areas do you recommend for hosting a CNHRMA meeting? Please note if your company or organization would be willing to host a meeting.

- D. Who would you recommend be contacted with information about CNHRMA? Please note name, address, phone number, E-mail, and/or company.

1. _____
2. _____
3. _____

- E. Are you interested in sitting for the PHR and/or SPHR exam? ___ Yes ___ No

CNHRMA 2012 MEMBERSHIP INFORMATION

The information provided will be listed in CNHRMA's Membership Directory.

NAME _____

CERTIFICATION _____ PHR _____ SPHR _____ NONE

COMPANY _____

JOB TITLE _____

MAILING ADDRESS _____

TELEPHONE _____

FAX _____

E-MAIL ADDRESS _____

Annual CNHRMA Membership fee for 2012 is:

\$20 for SHRM Members

\$40 for Non-SHRM Members

Are you a National SHRM Member? ___ Yes ___ No

(if yes please complete the SHRM Primary Chapter Designation Form located on the next page)

Please indicate your SHRM membership number in the box above (if applicable)

Please return this completed form and annual membership payment to:

CNHRMA

PO Box 932

Grand Island, NE 68802-0932

www.cnhrma.org

For more information or inquiries about CNHRMA, please contact:

Denise Ferguson at ddferguson@windstream.net

For CNHRMA Executive Committee Use Only

Please indicate dues were: Paid on the following date _____ by cash or check (note check#) _____

CNHRMA Executive Committee Member Initials: _____

SHRM Primary Chapter Designation

Chapter # _____ **Chapter Name** _____

I hereby designate the above named chapter as my primary chapter for SHRM membership coding purposes. I understand that:

1. This in no way precludes membership in other chapters.
2. This allows SHRM to list my membership to this chapter for financial support program purposes only.

Please type or print:

NAME _____ **SHRM MEMBER ID#** _____

(You must be a **current national** member of the Society for Human Resource Management to complete this form.)

COMPANY NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE# _____

FAX _____

E-MAIL _____

DATE _____ MEMBER'S
SIGNATURE _____

(Member must sign to validate)

Please fax to:

Member Relations
Fax: (703) 739-0399