



2017 MEMBERSHIP APPLICATION

Renewal

New Membership

Name _____ Certification(s): IPMA-CP PHR SPHR

Company _____

Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Member Category:

Professional (\$30)

Associate (\$50)

Student (\$15)

Emeritus (*No cost*)

Are you a member of IPMA? **Yes** **No**

Optional:

Payment of Meals in Advance: I would like to pay for my meals in advance. I realize that there will be no refund for missed meals, but I can send a substitute in my place.

Meals (\$45)

Check or money order should be made payable to Arkansas Public Employers Human Resource Association and sent to the address listed below with a copy of your application form. Membership dues are due by March 31st of each year and will expire on December 31st.

I hereby apply for membership/ renewal in the Arkansas Public Employers Human Resources Association. I agree to adhere to its Constitution and Bylaws, and to support the objectives and programs of this chapter and the International Public Management Association for Human Resources. *(If new membership application, please submit a resume or bio outlining your experience in the Human Resources Field)*

Signed _____ **Date** _____