



CAPTIAL AREA HUMAN RESOURCE ASSOCIATION 2017



Membership Renewal Invoice

Your membership expires on the begin date shown below.

Please submit a copy of this invoice with your payment. Thank you

Member Name: _____ Address: _____
 Company Name: _____
 Position Title: _____ Phone: _____
 Membership Type: _____ E-mail: _____

SHRM Member: YES NO SHRM #: _____

Description	Begin Date	End Date	Amount	Paid	Balance Due
2017 CAHRA Membership	01/01/17	12/31/17	\$150.00	\$0.00	\$150.00

Your membership expires on the **Begin Date** shown above. Don't miss out on the benefits of CAHRA membership! We invite you to renew at the annual **Renewal** rate shown above.

MEMBERSHIP BENEFITS

Networking Opportunities – CAHRA provides its members with the opportunity to network with HR professionals in Central Mississippi. This networking provides a valuable resource for determining how other local organizations handle various HR related matters.

Professional Development – In addition to our monthly meetings and semi-annual seminars, CAHRA provides opportunities for members to participate in study groups for those interested in obtaining certification through SHRM.

Legislative Updates – Members receive information about legislation relating to the area of Human Resources.

Website Recruiting – CAHRA members are able to post job opportunities on the website. This service is provided to assist members with recruitment efforts. **(Non-members may post jobs for a fee.)**

Payment Method: (check or money order enclosed payable to: **Capital Area Human Resource Association - CAHRA**)

Check or Money Order

2017 CAHRA Membership

Please visit our website to pay by credit card at <http://cahra.shrm.org>.

Send payments to: **Capital Area Human Resource Association**
 PO Box 16042
 Jackson, MS 39211

BALANCE DUE
\$150.00

If you would like a replacement CAHRA badge, please pay \$15.00 and complete order information below:
(payment may be made on-line or by check/cash)



PRINT your NAME BADGE information below:

Full Name: _____
 Company Name: _____
 FIRST NAME _____
(as you wish for it to appear on badge)

Add certifications, if applicable, after last name
 (PHR, SPHR, SHRM-CP, SHRM-SCP)

**NEW MEMBER – NO CHARGE FOR 1ST BADGE
 REPLACEMENTS \$15.00**