



360 N Sepulveda Blvd, Suite #2020, El Segundo, CA 90245
(800) 734-5410 • Fax: (310) 416-9055 • www.pihra.org

STUDENT MEMBERSHIP APPLICATION*

Preferred PIHRA District #: _____

Personal Information _____

Name (Last, First): _____ Date: _____

Address: _____ City/State/Zip: _____

Telephone: _____ Email: _____

Are you a SHRM Member? No Yes If yes, what is your SHRM ID# _____

Educational Information _____

Name of College/University _____

Category: A.A. Undergraduate Graduate Expected Date of Graduation: _____

Student Status (check one): Freshman Sophomore Junior Senior Graduate Units Completed: _____

Student Advisor: _____ Telephone: _____

Employment Information _____

***An eligible Student Member of PIHRA is a person attending an accredited university with a full schedule of classes (8+ units), working 20 hours or less per week and not receiving benefits.**

I am I am not presently working (check one) **If working,** Job Title: _____

Company Name: _____ Telephone: _____

Address: _____ City/State/Zip: _____

Principal Duties: _____ Total Hours worked: _____

I wish to become a PIHRA Student Member because: _____

I agree to abide by the bylaws and guidelines of Professionals In Human Resources Association and help carry out the objectives of the association.
I understand and agree that I will not use my membership in PIHRA for monetary gain.

Signature _____

Recommendation of Faculty Advisor
(Signature of Faculty Advisor Required)

\$30 Annual Membership includes PIHRAScope monthly e-newsletter

Payment Information:

Check (made payable to PIHRA) MasterCard Visa AMEX

Card Number: _____ Exp. Date: _____

Name on Card: _____

Signature: _____

For office use only

PIHRA ID# _____

Amt. Rcvd _____

Date Entered _____

Completed by _____

Send completed application, copy of current class schedule and payment to PIHRA