

Enterprise Membership Application Form

You may use copies of this form to submit additional Enterprise members, or you may provide the identical information in a different format more convenient for you.

1

Full Name _____

Preferred First Name _____

Title _____

Organization _____

Address _____

City _____

State _____ ZIP/Postal Code _____

Country _____

Phone _____

Fax _____

Email _____

ENTERPRISE MEMBERSHIP ANNUAL DUES

- \$5,000 for the first 5 Enterprise Members
 \$2,500 for each additional Enterprise 1-5 Members

Total number of Enterprise Members being submitted: _____

Total annual dues will be: \$ _____

The primary Enterprise Member contact person listed on this application is: (Indicate Name):

METHOD OF PAYMENT

- Check enclosed made payable to: HRPS*
 *Payment must be in U.S. dollars, drawn on a bank or branch in the U.S.A. Foreign checks cannot be accepted.
- Bill my: VISA MasterCard AMEX

Card Number _____

Expiration Date _____

Name on Card _____

Signature _____

PLEASE NOTE: Payment must accompany your membership application.

Membership in HRPS belongs to the individual or organization paying the membership fee. It is the responsibility of the individual or the organization to notify HRPS if the membership is to be transferred to either a new employee or employer.

Please call HRPS if you have any questions.

Our tax ID number is 13-298-9471.

YOU MAY SUBMIT YOUR APPLICATION BY MAIL OR FAX TO:

The Human Resource Planning Society
 317 Madison Avenue, Suite 1509, New York, NY 10017
 Telephone (212) 490-6387 • Fax (212) 682-6851
www.hrps.org

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Full Name _____

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Country _____

Phone _____

Fax _____

Email _____

3

Full Name _____

Preferred First Name _____

Title _____

Organization _____

Address _____

City _____

State _____ ZIP/Postal Code _____

Country _____

Phone _____

Fax _____

Email _____

4

Full Name _____

Preferred First Name _____

Title _____

Organization _____

Address _____

City _____

State _____ ZIP/Postal Code _____

Country _____

Phone _____

Fax _____

Email _____

Enterprise Membership Application Form (CONTINUED)

5

Full Name _____

Preferred First Name _____

Title _____

Organization _____

Address _____

City _____

State _____ ZIP/Postal Code _____

Country _____

Phone _____

Fax _____

Email _____

6

Full Name _____

Preferred First Name _____

Title _____

Organization _____

Address _____

City _____

State _____ ZIP/Postal Code _____

Country _____

Phone _____

Fax _____

Email _____

7

Full Name _____

Preferred First Name _____

Title _____

Organization _____

Address _____

City _____

State _____ ZIP/Postal Code _____

Country _____

Phone _____

Fax _____

Email _____

8

Full Name _____

Preferred First Name _____

Title _____

Organization _____

Address _____

City _____

State _____ ZIP/Postal Code _____

Country _____

Phone _____

Fax _____

Email _____

9

Full Name _____

Preferred First Name _____

Title _____

Organization _____

Address _____

City _____

State _____ ZIP/Postal Code _____

Country _____

Phone _____

Fax _____

Email _____

10

Full Name _____

Preferred First Name _____

Title _____

Organization _____

Address _____

City _____

State _____ ZIP/Postal Code _____

Country _____

Phone _____

Fax _____

Email _____