



Human Resources Professionals
of Newfoundland and Labrador

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St. John's, NL A1A 5G6
membership@hrpnl.ca
www.hrpnl.ca

Membership Application/Renewal Form

Please select one of the following: **Membership Application** **Renewal Form**

Name: _____ Position: _____

Company: _____

Work Address: _____

Work Phone: _____ Work Fax: _____

Work e-mail: _____

Home Address: _____

Home Phone: _____ Other Phone: _____

Personal email: _____

Please indicate the year you wish your application and payment to apply: _____

Do you wish to be contacted at: Home Work

Membership type:

_____ **Individual*** (\$120)

_____ **Student** (\$25) *Please enclose proof of enrollment with application and payment

**Individual Membership is prorated on a semi-annual basis. After June 30, the membership fee is \$60. CHRP's cannot prorate membership fees.*

Do you currently hold a CHRP designation? _____ If yes, which province? _____

CHRP # _____ Date recertification is due: _____

Method of Payment:

Please enclose cheque or money order made payable to:

Human Resources Professionals of Newfoundland and Labrador (HRPNL)

We apologize but we are unable to accept credit card payments at this time.

I hereby certify that I have read and agree to abide by the HRPNL By-Laws and the Canadian Council of Human Resources Association (CCHRA) Code of Ethics. Documents available at www.hrpnl.ca/membership.asp

Signature

Date

HST # 85997 4941 RT0001