



# HUMAN RESOURCES PROFESSIONALS OF NEWFOUNDLAND AND LABRADOR

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## Membership Application

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

email: \_\_\_\_\_

### Membership type:

\_\_\_\_\_ **Individual** (\$120)

**This rate is for a calendar year - January to December**

The rate is prorated for applications received after January, as follows:

February	\$110	March	\$100	April	\$90
May	\$80	June	\$70	July	\$60
August	\$50	September	\$40	October	\$30
November	\$20	December	\$10		

\_\_\_\_\_ **Student** (\$25) to join anytime throughout the year.

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

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](http://www.hrpnl.ca/membership.asp)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date