

**Application for Membership
Texas Association of County Human Resource Professionals**

Name (Last, First, MI): _____

County: _____ Job Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Fax: _____

Email: _____

Please list any professional HR or related certifications you have: _____

Please list any HR association in which you currently hold membership: _____

Briefly describe your duties and your level of responsibility in your county's HR program:

Type of membership sought (see attached copy of bylaws for membership types):

Active (\$40.00) - Designated primary HR/Personnel Officer for county

Associate (\$25.00) - All other HR personnel in county

Payment: **DUES WAIVED FOR 2010 - send application only!!**

Check enclosed for \$ _____ Please bill me

By my signature and submission of the appropriate dues, I certify that I qualify for the membership level for which I have applied.

Signature: _____ Date: _____

Mail completed applications with dues to: Patricia J. Patton, Ector County HR Director,

1010 E. 8th Street, Room 630, Odessa, Texas 79761 Tel: 432-498-4025 Fax: 432-498-4097

For office use

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