



British Columbia  
& Yukon

## MEMBERSHIP APPLICATION FORM

### Contact Information *(Please print)*

Your home contact information is required for membership as we use this information in planning the distribution of our services. The information in your home contact fields will not be displayed in the online directory and will not be released to any third party for any reason. If you wish your home address to appear in the online directory, please enter it in both the home and work fields. Please note that information entered in the work contact fields may be provided to third parties such as speakers.

CPHR BC & Yukon sends information by email about its services and the services of other organizations that CPHR BC & Yukon deems to be of interest to its members. You can change your communications preferences at any time by logging into our website and using the link to "My Email Options".

Last Name

First Name Informal

### Work Address

Title

Employer

Address

City

Prov Postal Code

Country

Phone Email

### Home Address

Address

City

Prov Postal Code

Country

Phone Email

### Preferred Addresses for Communications

Email: Work Mail: Work  
Home Home  
Other:

### Annual Professional Membership Fees

Chartered Professional in Human Resources - Non-Resident  
Human Resources professionals not resident in BC or the Yukon, wishing to become CPHR members.

<u>Dues</u>	<u>HST/GST</u>	<u>Total</u>
\$ 330.00	\$	\$

*Please calculate GST/HST at the rate in effect in your location. Purchasers located outside of Canada are not subject to tax.*

### Chartered Professional in Human Resources

CPHR designees **in good standing** in another province becoming resident in BC or the Yukon and transferring their designation. *Please ensure that your transfer form has been sent by your provincial association to our Registrar prior to applying for Membership.*

<u>Dues</u>	<u>GST</u>	<u>Total</u>
\$ 577.00	\$ 28.85	\$ 605.85

### Payment (GST/HST #119446714)

Pre-payment is required. Send completed application form with payment in the form of:

Cheque payable to CPHR BC & Yukon

AMEX MasterCard VISA

*A \$30 processing fee will be applied to NSF cheques & declined credit cards.*

### Credit Card Information

Credit Card Number

Expiry Date Month Year

Name on Card

Signature: \_\_\_\_\_

*I agree to have the total charges owing applied to my credit card. In the event that my credit card is declined for any reason, I understand that I will be charged an additional processing fee of \$30.00.*

Are you a past member? Yes No

I heard about CPHR BC & Yukon from:

Chartered Professionals in Human Resources  
of British Columbia and Yukon  
1101 - 1111 West Hastings Street  
Vancouver, BC V6E 2J3

[www.cphrbc.ca](http://www.cphrbc.ca)  
[membership@cphrbc.ca](mailto:membership@cphrbc.ca)

Telephone 604.684.7228  
Toll Free 800.665.1961  
Facsimile 604.684.3225

## PERSONAL PROFILE

This questionnaire provides CPHR BC & Yukon with a profile of our members that can be used to tailor our services to meet the needs of our membership. All responses are voluntary; however, the more information you provide, the better we can meet your needs. Individual profiles will not be shared with third parties.

### ABOUT YOUR EMPLOYMENT

1. Which best describes you?

If other, please specify

2. Please select the industry in which your current employer would best fit.

If other, please specify

3. How many employees are part of your organization?

4. Which best describes your role in your organization?

### ABOUT YOU AS AN HR PRACTITIONER

5. Date Entered HR Practise:

6. Which best describes your HR competency level?

7. Which areas of HR are you currently involved in? (check all that apply)

Employee & Labour Relations  
Occupational Health, Safety & Wellness  
Organizational Effectiveness  
Organizational Learning, Development & Training  
Professional Practice in HR  
Staffing  
Total Compensation  
None

### ABOUT YOUR INTERESTS

8. Are there any areas in which you would like to expand your knowledge? (check all that apply)

Employee & Labour Relations  
Occupational Health, Safety & Wellness  
Organizational Effectiveness  
Organizational Learning, Development & Training  
Professional Practice in HR  
Staffing  
Total Compensation  
None

9. Please indicate which of these activities most interest you: (5 max)

CPHR Designation  
Conference + Tradeshow  
Discounts on Products & Services  
Educational Opportunities  
Job Opportunities  
Mentoring Program  
Networking  
Professional Awards  
Research  
Roundtables  
Volunteering

### ABOUT YOU AS AN INDIVIDUAL

10. Gender

11. What is your date of birth?  
(mm-dd-yyyy)

12. Highest educational level completed?