

Date: _____

AHRD | 1000 Westgate Drive, Suite 252 | St. Paul, MN 55114

Fax: 651.290.2266 | Phone: 651.290.7466

Web: www.ahrd.org

Revised 12/2009

Personal Information

Prefix: _____ Name: _____

Nickname: _____

Address: _____

City: _____ State/Province: _____ Zip: _____

Country: _____ Postal Code: _____

Phone: _____ Cell: _____ Fax: _____

Web Address: _____ Preferred Email: _____

Degree/Designation: _____ Gender: Male Female

Work Information (if applicable)

Organization: _____

Position: _____ Department: _____

Address: _____

City: _____ State/Province: _____ Zip: _____

Country: _____ Postal Code: _____

Phone: _____ Toll Free: _____ Fax: _____

Preferred Mailing Address: Home Work Remove me from the blast email list

Research Interest

Select all that apply

- | | | |
|---|---|---|
| <input type="checkbox"/> Action Learning | <input type="checkbox"/> Adult Education | <input type="checkbox"/> Career Development |
| <input type="checkbox"/> Cross Cultural HRD | <input type="checkbox"/> Diversity | <input type="checkbox"/> E-Learning |
| <input type="checkbox"/> Ethics | <input type="checkbox"/> HRM | <input type="checkbox"/> Human Resource Development |
| <input type="checkbox"/> Instructional Design | <input type="checkbox"/> International HRD | <input type="checkbox"/> Knowledge Management |
| <input type="checkbox"/> Leadership Development | <input type="checkbox"/> Organizational Development | <input type="checkbox"/> Strategic HRD |
| <input type="checkbox"/> Training and Development | <input type="checkbox"/> Workforce Development | <input type="checkbox"/> Other: _____ |

Preferred Research Method

- | | | | |
|--|---|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Action Research | <input type="checkbox"/> Case Study | <input type="checkbox"/> Focus Groups | <input type="checkbox"/> Mixed |
| <input type="checkbox"/> Qualitative | <input type="checkbox"/> Qualitative and Quantitative | <input type="checkbox"/> Quantitative | <input type="checkbox"/> Surveys |
| <input type="checkbox"/> Other: _____ | | | |

Demographic Information

Academic Program Name: _____

College/School/Department: _____

Institution: _____ Expected graduation date _____

Continued on reverse

Check any that apply:

Full Time Faculty Part Time Faculty Other

Program Chair Coordinator

Scholar Scholar/Practitioner Practitioner

Year started in HRD: _____

How did you hear about AHRD? Website AHRD Member AHRD Publication Other: _____

Student Member: \$125 annually, enrollment based on financial hardship, limited to three (3) years

Student members must be enrolled full-time in HRD educational programs at institutes of higher education. Student members must be a Graduate Assistant or equivalent, and provide details of financial hardship. Student members receive discounted registration rates for the AHRD International Research Conference in the Americas.

Student applications must include:

- Letter from a department head, dean, administrator, graduate chair or equivalent with: 1) confirmation of full-time enrollment, 2) description of full-time status 3) expected date of graduation
- Letter from student applicant with: 1) confirmation of graduate assistant or equivalent position with work details including hours OR 2) claim of financial hardship and information to support that status AND 3) previous number of years as a student member or AHRD, if any.

If you have any questions about these qualifications, please email the Membership Chair at office@ahrd.org.

AHRD Special Interest Groups (SIGs): Select 2 for free with membership. Additional SIGs are \$25/ each.

China HRD Research
 Critical HRD & Social Justice Perspectives
 Cultural Diversity
 International
 Leadership
 Qualitative Inquiry
 Scholar Learning & Development
 Scholar-Practitioner
 Theory

Total: _____

Payment *(all fields are required fields)*

Attach before mailing: Department letter Student letter

1 year of student membership: \$125

SIGs from above: \$_____

Total: \$_____

VISA MasterCard Check (payable to AHRD)

Amount Enclosed: \$_____

Card number: _____ Exp. Date: _____ 3-Digit Sec Code: _____

Signature: _____

Print name of cardholder: _____

Cardholder Phone: _____

Mail with payment to:

Academy of Human Resource Development
 1000 Westgate Drive, Suite 252 | St. Paul, MN 55114
 www.ahrd.org
 Fax: 651.290.2266 | Phone: 651.290.7466

(For office use only)

initials		fin.
date		
CK/CC		
amt. paid		
bal. due		