

## FWHRMA TRANSITIONING MEMBERSHIP APPLICATION

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

Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Certifications: \_\_\_\_\_PHR \_\_\_\_\_SPHR OTHER \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Your E-Mail Address: \_\_\_\_\_

Statement of Unemployment (required)

*(Use the space below to communicate your unemployment status to FWHRMA. Include your full name, name of the company where you were last employed, and your last date of employment).*

[Sandi Reid](#)

FWHRMA -VP-Membership

P.O. Box 100184

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