Association Membership Verification Form

Please complete sections 1 and 2 below and save with your HRCI recertification documentation. This document can be provided to HRCI should you be selected for a random recertification audit.

Section 1: Association Membership Information:

Member Company Name: _____

Member Company Address: _____

Member Company Phone: _____

Member since: _____

Member Company Primary Contact: _____

Section 2: Verification of Employment at Association Member Company

This confirms that: (Enter HR Professional full name) _____

employed at: (Enter company name) _____

From (start and end dates of employment): _____ to _____