



HROA / RPO BUYERS GROUP REGISTRATION FORM

Please print clearly or type.

Fax to: 1-732-476-6155 **or** email to: info@hroa.org **or** mail to: HROA, 601 Pennsylvania Ave NW, Suite #900, Washington, DC 20004

First _____ MI _____ Last _____ Designation _____
 Mr. Ms. Dr. e.g. PhD, MSOD Work phone _____

Job Title _____ Alt. phone home cell _____

Organization _____ Work fax _____

Address _____ Email _____

City _____ Website _____

State/Prov. _____ Zip/postal _____

Country _____

New member Renewing member Reinstating lapsed membership

- Individual membership to HROA (Individual Practitioner Membership 1- person) \$350 per year
- Full service Corporate Membership to HROA (20 people within org to receive membership benefits) \$5000 per year

Membership total _____

Choose your payment method

All payments must be made in US dollars.

- Check payable to HROA. If paying with your company's check, please include your name in the memo line.
- Purchase order # _____ Please also include your credit card information below.
- Visa MasterCard American Express Account number _____ Expiration date _____
- Name as it appears on card _____
- Signature _____



Tell us about yourself

Please take a few minutes to complete this optional questionnaire. Gathering this information helps us better serve our valued members.

When did you begin your RPO engagement? _____

Who is your current RPO Providers(s)? _____

What is the annual revenue of your company:

- Less than \$250K
- \$251-499K
- \$500-999K
- \$1M-4.9M
- \$5-9.9M
- \$10-49.9M
- \$50-99.9M
- \$100-499.9M
- \$500-999.9M
- \$1B+

How many full time employees to does your company have:

- Sole proprietor
- 2-10
- 11-50
- 51-100
- 101-500
- 501-2,500
- 2,501-5,000
- 5,001-10,000
- 10,001 +

