



CONFIRMATION OF GOOD STANDING – RELOCATION TO ANOTHER PROVINCE

Member please complete part A, and send both pages of this document by email chrp@bchrma.org , fax 604-684-3225 or mail

PART A – TO BE COMPLETED BY MEMBER:

Current Provincial Association: British Columbia Human Resources Management Association

Member Name: _____

Title: _____ Organization: _____

Business Address: _____
(Street, PO Box, City, Province, Postal Code)

Business Phone: _____ Business E-Mail: _____

Home Address: _____
(Street, PO Box, City, Province, Postal Code)

Home Phone: _____ Home E-Mail: _____

Please confirm my CHRP designation/CHRP Candidate status details, including past or current professional conduct or discipline matters, with the following provincial association:

(Name of the association the member is relocating to)

And update my membership records accordingly:

Title: _____ Organization: _____

Business Address: _____
(Street, PO Box, City, Province, Postal Code)

Business Phone: _____ Business E-Mail: _____

Home Address: _____
(Street, PO Box, City, Province, Postal Code)

Home Phone: _____ Home E-Mail: _____

Optional, for those wishing to keep membership in both associations:

I would like to keep my BC HRMA membership active for next year, in the General category.

PART B – TO BE COMPLETED BY ASSOCIATION WHERE MEMBER IS CURRENTLY CERTIFIED:

This will serve as verification that: (Member's Legal Name) _____
(Member's Common Name if different from Legal Name) _____
is a: CHRP member or CHRP Candidate in good standing in the province of BC
Membership with BC HRMA expires on (date): _____
And the following information is accurate:
1. CCHRA Number: _____
2. for CHRPs: granting date / recertification date: _____ / _____
or
3. for CHRP Candidates:
- date passed NKE / CHRP Candidate expiration date: _____ / _____
- met degree requirement: Yes or No
4. Has the member ever been suspended, disqualified, censured or otherwise disciplined as a member of the above noted professional organization: Yes or No
5. Is the member currently subject to a proceeding for professional misconduct, incompetence or incapacity which has not yet resolved?
 Yes or No
Attestation and Signature: I, _____ (name and position with BC HRMA)
am a Senior representative of BC HRMA. I solemnly affirm that the above person is a member of BC HRMA and has been a member in good standing for the last _____ (# of years or months).
Signature of Senior BC HRMA Representative: _____
Phone No/Email of Senior Representative: _____

PART C – TO BE COMPLETED BY RECEIVING ASSOCIATION:

We have received verification from: _____
(Association Name)
And hereby acknowledge that your:
 CHRP or CHRP Candidate
status is recognized in _____
(Province)
from: _____ Until: _____
(Current date) (as long as you keep your membership
in good standing)
(CHRP Recertification date or
CHRP Candidate Expiration
Date)
at which time you will be required to
recertify your CHRP or re-obtain your
CHRP Candidate status under the
provisions of _____
National Standards and
(Name of receiving Association)
Signed (Registrar): _____ Date: _____
Registrar Name: _____
Receiving Provincial Association Name: _____
Phone No/Email: _____

Association: Send to Receiving Association; Copy to Member.

Receiving Association: Send back to Association; Copy to Member.

