

Chapter #202

MEMBERSHIP APPLICATION

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | |  |  | | |  |  | | | | | | | | | | | | | | | |
|  | First | | |  | Middle | | |  | Last | | | | | | | | | | | | | | | |
| **CONTACT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | |
| *Please provide the preferred contact information. Business  Home* | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | |  |  | | | | | | | | |  |  |  |  | | | | |
| Address |  | | | | | |  |  | | | | | | | | |  |  |  |  | | | | |
|  | Street | | | | | |  | City | | | | | | | | |  | State |  | Zip | | | | |
| Email |  | | |  |  | |  | | | | | | | |  | |  | | | | |  | |
| Phone |  | | |  |  | |  | | | | | | | |  | |  | | | | |  | |
| Fax |  | | |  |  | |  | | | | | | | |  | |  | | | | |  | |
|  |  | | |  |  | |  | | | | | | | |  | |  | | | | |  | |
| **MEMBERSHIP INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | |
| SHRM ID# | |  | |  |  | *Required* | | | | | | | | | | | | | | | | | |
| Certifications | |  | |  |  | | | | | |  | |  | | | |  | | | |  | | |
|  | |  | |  |  | | | | | |  | |  | | | |  | | | | |  | |
| **COMPANY INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | |
| Company Name | |  | | | | |  | Title | |  | | | | | |  |  | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| *I hereby designate the above-named chapter as my primary chapter for SHRM membership coding purposes. I understand that this allows SHRM to list my membership to this chapter for financial support program purposes only.* | | | | | | | | | | | | | | | | | | | | | | | |
| Member Signature | | |  |  |  | | | | | | |  | | Date | | |  | | | | |  | |
|  | |  | |  |  | | | | | | |  | |  | | |  | | | | |  | |
|  | |  | |  |  | | | | | | |  | | |  | |  | | | | |  | |
| Membership has its Benefits!  Professional Development/Networking/Career Resources/Recertification Credit | | | | | | | | | | | | | | | | | | | | | | | |

*You must be a current national member of the Society for Human Resource Management to complete this form*.