

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 |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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