

# MEMBERSHIP APPLICATION

September 2021 - August 2022

☐ NEW MEMBER

☐ MEMBERSHIP RENEWAL

FIRST NAME	MIDDLE INITIAL	LAST NAME	SUFFIX
POSITION / JOB TITLE		BUSINESS NAME	
BUSINESS STREET ADDRESS			
CITY	STATE	ZIP	
BUSINESS PHONE	BUSINESS FAX	PERSONAL PHONE (will not be shared)	
WORK EMAIL ADDRESS		PERSONAL EMAIL ADDRESS (will not be shared)	
CERTIFICATION(S):	<input type="checkbox"/> SHRM-CP	<input type="checkbox"/> SHRM-SCP	<input type="checkbox"/> GPHR
	<input type="checkbox"/> PHR	<input type="checkbox"/> SPHR	<input type="checkbox"/> Other _____
Your name/contact information will be included on our Membership List and available to other members unless you indicate here: <input type="checkbox"/>			

## SELECT MEMBERSHIP TYPE

Membership Type	Corporate (2-4 members)	Corporate (5 or more members)	Individual	Student
<b>Advanced Membership</b> (includes breakfast cost at meetings; except any 1/2 day meetings)	<input type="checkbox"/> \$300	<input type="checkbox"/> \$600	<input type="checkbox"/> \$150	<input type="checkbox"/> \$50
<b>Basic Membership</b> (excludes breakfast cost at meetings)	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150	<input type="checkbox"/> \$50	<input type="checkbox"/> \$10

**SHRM national members receive \$10 off their HRMANCPA membership. Please provide the email address on file with SHRM \_\_\_\_\_**

**NOTE:** If corporate member, please send separate applications from all who will be joining from your company.

**What are your areas of interest in HR? (Select all that apply):**

Benefits	Health & Wellness, Safety, Security	Organizational Development	Workforce Law, Compliance
Compensation	HRIS, Technology	Recruitment, Retention	Workplace Planning, Readiness
Diversity, EEO, Affirmative Action	Labor/Industrial Relations	Strategic Planning	Other:
Employee Relations	Measurement, Metrics	Training & Development	Other:

Member Signature

Date