

SHRM Chapter # 485 Human Resource Management Association Of North Central Pennsylvania



MEMBERSHIP APPLICATION

September 2024 - August 2025

□ NEW MEMBER **

□ MEMBERSHIP RENEWAL

FIRST NAME	MIDDL	EINITIAL	LAST NAME		SUFFIX
POSITION / JOB TITLE			BUSINESS NAME		
BUSINESS STREET ADD	RESS				
CITY	STATE		ZIP		
BUSINESS PHONE	BUSINESS FAX		PERSONAL PHON	IE (will not be shared)	
WORK EMAIL ADDRESS			PERSONAL EMAIL	L ADDRESS (will not be sh	ared)
CERTIFICATION(S):	SHRM-CP	🗆 SH	RM-SCP	GPHR	
CERTIFICATION(3).	□ PHR	□ SP	HR	Other	
Your name/contact information	ation will be included on our	Membershij	List and available t	to other members unless you	u indicate here:

SELECT MEMBERSHIP TYPE

Membership Type	Corporate (2-4 members)	Corporate (5 or more members)	Individual	Student
Advanced Membership (<i>includes</i> breakfast cost at meetings; except any 1/2 day meetings)	□ \$300	□ \$600	□ \$150	□ \$50
Basic Membership (excludes breakfast cost at meetings)	□ \$100	□ \$150	□ \$50	□ \$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.

** If you are a new member, were you referred to our Chapter by a current member? No Yes If so, who?

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