



Foothills of GA SHRM Chapter Membership Renewal Application - 2018

Last Name: _____ First Name: _____ MI _____

E-Mail Address: _____

Company: _____ Title: _____

Business Address: _____

City _____ State _____ Zip _____

Business Phone: _____ Business Fax: _____

Home Address: _____

City _____ State _____ Zip _____

Home Phone: _____ Home E-mail: _____

Certification: PHR SPHR GPHR CP SCP

National SHRM Member No, Yes, Number: _____

National membership is strongly encouraged

Send SHRM Mail to: Home Address Business Address Optional - Birthday: _____

Optional: SS Number: _____ -- _____ -- _____ Optional - Gender: Male Female

- Yes, please include me in the **Membership Directory**; also check **one** of the boxes below.
 - Use my business contact information
 - Use my home contact information
- No, I prefer not to be included in the Membership Directory

MEMBERSHIP CATEGORIES

Membership Category: Professional Associate Student

SHRM is made up of individuals; it has no corporate memberships. Please check the appropriate category. If you are not sure of which category describes you, please contact membership@foothillsgashrm.org.

PROFESSIONAL MEMBERSHIP- limited to (a) those individuals who are engaged in the profession of human resource management at the exempt level for at least three years *or* (b) are certified by the Human Resource Certification Institute *or* (c) faculty members holding an assistant, associate or full professor rank in human resource management or any of its specialized functions at an accredited college or university and have at least three years of experience at this level of teaching *or* (d) full-time consultants with at least three years experience in the field of human resource management *or* (e) full-time attorneys with at least three years experience in counseling and advising clients on matters relating to the human resource profession.

ASSOCIATE MEMBERSHIP- Individuals in non-exempt human resource management positions, as well as those individuals who do not meet the requirements of the professional membership category, but who demonstrate a bona fide interest in human resource management and the mission of the Chapter.

STUDENT MEMBERSHIP. Individuals who are actively enrolled in human resource degree programs at the college or university level.

I am the initial or only member of my firm joining this Chapter. Dues \$125.00.

I am an additional member of my firm joining the Chapter. The initial member from my firm is _____ . Dues \$63.00

Enclosed is my check made payable to **Foothills of GA SHRM** in the amount of \$_____ for the total dues.

Please bill my credit card for the amount of \$_____ for the total dues.

Required Information for Credit Card Payment

Check Card type: Visa Master Card

If you wish to use other cards such as Amex or Discover please use the “Pay Online” feature on our web site at www.foothillsgashrm.org

Card Number:		Expiration Date:	
Name on Card:			
Cardholder Address			
Cardholder City,State,Zip			
Your Signature:			

Return to:

Foothills of GA SHRM
P.O. Box 907334
Gainesville, GA 30503

E-mail: rosalindc@etowahwater.org