



Foothills of GA SHRM Chapter Membership 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

- | |
|---|
| <input type="checkbox"/> Yes, please include me in the Membership Directory ; also check one of the boxes below.
<input type="checkbox"/> Use my business contact information <input type="checkbox"/> Use my home contact information

<input type="checkbox"/> 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.

NEW MEMBER Dues and Fees Invoice

The Foothills of Georgia Chapter dues and monthly meeting fees are both due at the time you join. For 2018 dues and fees for the initial member from a firm are \$125. For additional members from the same firm the dues and fees are \$63.00. There are no corporate memberships, only individual, and membership is not transferable. Dues and fees for new members are prorated the first year based on the month you join as shown in the following table:

Month Joining	Dues & Fees Due	Month Joining	Dues & Fees Due
January	Initial member \$125 - additional member \$63	July	Initial \$63 - additional \$31
February	Initial \$115 - additional \$57	August	Initial \$52 - additional \$26
March	Initial \$104 - additional \$52	September	Initial \$42 - additional \$21
April	Initial \$94 - additional \$47	October	Initial \$31 - additional \$16
May	Initial \$83 - additional \$42	November	Initial \$146 - additional \$74
June	Initial \$73 - additional \$37	-January	

I am the initial or only member of my firm joining this Chapter. My dues and fees are based on the **left hand numbers** in the Dues & Fees Due column above.

I am an additional member of my firm joining the Chapter. The initial member from my firm is _____ . My dues and fees are based on the **right hand numbers** in the Dues & Fees Due column above.

Enclosed is my check made payable to **Foothills of GA SHRM** in the amount of \$_____ for the total dues and fees due now as shown in the above table.

Please bill my credit card for the amount of \$_____ for the total dues and fees due now as shown in the above table.

Required Information for Credit Card Payment

<p align="center">Check Card type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card</p> <p align="center">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</p>			
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: treasurer@foothillsgashrm.org