



# Foothills of GA SHRM Chapter Membership Renewal Application - 2019

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  Other: \_\_\_\_\_

National SHRM Member  No,  Yes, Number: \_\_\_\_\_

**National membership is strongly encouraged**

Send SHRM Mail to:  Home Address  Business Address

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](mailto: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, proof of enrollment required. \$40 annual fee not prorated.

I am the initial or only member of my firm joining this Chapter. Dues \$125.00 for professional or associate. Student membership is \$40 annually and is not prorated.

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: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card			
<b>If you wish to use other cards such as Amex or Discover please use the "Pay Online" feature on our web site at <a href="http://www.foothillsgashrm.org">www.foothillsgashrm.org</a></b>			
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](mailto:rosalindc@etowahwater.org)

I will abide by the SHRM Code of Ethical and Professional Standards in Human Resource Management. (Members may review the Code at HYPERLINK <http://www.shrm.org/ethics>)