



West Georgia Society for Human Resource Management Application for Membership

Last NameFirst NameMiddle Initial

Referred by: _____

Name of Your Employer: _____

Address of Your Employer: _____

Your Business Phone: _____ Fax: _____

Your Title: _____ Email Address _____

1. Are you a member of national SHRM? Yes No

If yes, please include your Membership Number _____

Please designate West GA SHRM (chapter # 239) as your local affiliation.

2. Certificate Designation: (circle a response in each category, *company size, level and education*)

<u>Total Company Size</u>	<u>Members Unit Level in Organization</u>	<u>Education</u>
Less than 50	Plant	High School
50-99	Region	Some College
100-499	Division	Bachelor's Degree
500-999	Group	Master's Degree
1000-2499	Subsidiary	PHD/MD/JD/Other
2500-4999	Corporate	Advanced Degree
5000 or greater	Other	Student

3. You must include a **current resume OR** a copy of your **current job description** as a part of your application and identify, using a percentage, the functions you are required to perform in your current position:

_____ %	Benefits	_____ %.	Human Resource
_____ %	Compensation	_____ %	Training and Development
_____ %	Employment	_____ %.	Generalist
_____ %	Health, Safety and Security	_____ %.	Other
_____ %	Labor Relations		

4. Total # Exempt Years in Human Resources: _____ Total # of Non-Exempt Years in Human Resources: _____

Annual Dues

West Georgia SHRM local Membership Annual Dues: \$ 175.00 Please submit the completed application, resume or job description via email to :

Dawn Coker

West GA SHRM Membership Chair

dcoker@lagrange.edu

Phone: 706-880-8267

National SHRM membership - Members are responsible for direct payment to National SHRM by logging in www.shrm.org, Don't forget to designate your local chapter as **West GA SHRM Chapter # 239**

I hereby apply for membership in the West Georgia Society for Human Resource Management and agree to pay the current applicable membership dues directly to the local chapter. If I am a national member of SHRM, I understand that I submit my National Dues directly to National SHRM and designate West GA SHRM Chapter #239 as my local chapter affiliate.

I recognize and accept the responsibilities incumbent upon me as a member of the human resource profession. I pledge to practice and uphold the code of Ethics, to abide by the bylaws, and to assist in carrying out the objectives of the society. I understand mass solicitation and solicitation during chapter events is prohibited unless authorized in advance by the Board of Directors. No member shall actively solicit business from any other member at association meetings or through the use of information provided to him/her as a member of the chapter without approval from the Board of Directors.

By my signature, I accept the responsibilities incumbent upon me as a member of the human resource profession. I pledge to practice and uphold the code of Ethics, to abide by the bylaws, and to assist in carrying out the objectives of the society.

Signature

Date

For the Board:

- ___ Applicant sends application to membership chair.
- ___ Membership chair presents applications to board, date presented:
- ___ Board approves or declines membership, membership chair generates letter.
- Date Approves: _____ Not Approved:: _____ Pended/Reason: _____
- ___ Membership chair adds new member to roster
- ___ Membership chair sends updated roster to the board
- ___ Membership chair sends new members' email addresses to Communications chair
- ___ Membership chair creates name badge for new member.
- ___ Treasurer updates roster that the new member has paid and acknowledges receipt
- Payment received (amount): _____ Method of Payment: _____

SHRM Use Only

Professional _____

General _____

Associate _____

NOTES: