



First _____ Last _____ Middle Initial _____

Title _____

Company _____

Company Address _____

City _____ State _____ Zip _____

Company Phone _____ Fax _____ e-mail address _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Country other than USA _____

Total Number of years in Human Resources _____

Are you a Member of SHRM? YES NO If Yes, Member # _____

Please indicate your SHRM chapter name or number (if applicable): _____ (BWSHRM is #003)

Send mail to: Home Company

Accreditation SHRM-CP SHRM-SP PHR SPHR GPHR Other: _____

**Indicate the level and scope of your present assignment,
outlining briefly your areas of interest in the field of Human Resources:**

Previous Business Experience:

From	To	Company	Location	Position

MEMBERSHIP CATEGORIES

(Choose One)

Professional Member

Individuals engaged in human resource management with at least three years of experience at the exempt level/ or any individual certified by the Human Resource Certification Institution; or any faculty member with three or more years experience holding at least an assistants professorial rank in HR; or a full-time HR consultant or attorney.

Regular Member

Individuals engaged in human resource management at the exempt level with less than three years experience, or engaged in human resources management at the non-exempt level, or have a bona fide interest in HR.

Retired Member*

Individuals who are currently Professional or Regular Members and are retired from active full-time employment.

Student Member*

Individuals enrolled as a full-time student whose coursework supports a demonstrated interest in human resource management.

◆ Local Only

Butler/Warren County Society for Human Resource Management (BWSHRM)

◆ National and Local

Society for Human Resource Management (SHRM & BWSHRM)

CHOOSE ONE OF THE FOLLOWING MEMBERSHIPS

LOCAL ONLY- NOT A NATIONAL MEMBER

One year local membership only (Prof. or Reg.).....\$90.00

* Retired or Student Member..... No Charge

NATIONAL SHRM MEMBER DISCOUNT

One year local membership.....\$50.00

Please include your National Member Number: _____

Please contact the National SHRM office for additional information on the following: 1-800-283-7476

- I. Institute for International Human Resources (IIHR)
- II. Newspaper Personnel Relations Assoc. (NPRA)
- III. SHRM Consultants Forum
- IV. Employment Management Assoc. (EMA)

MAIL YOUR COMPLETED APPLICATION WITH PAYMENT TO:

Butler/Warren SHRM
PO Box 303
Hamilton, OH 45012

For Questions Please Contact: Sherrie Acheson
Phone: 937.584.3305
sherrie@bwshrm.org

BILLING INFORMATION

(Please indicate method of payment)

Check enclosed

Bill me \$ _____. I understand my membership will not start until SHRM receives my payment.

SHRM annual dues are not deductible at charitable contributions for federal income tax purposes, but may be deductible as ordinary and necessary business expenses except that under IRC section 162 (e) (1). 7.5% of the SHRM annual dues are not deductible. Additional dues categories of IIHR, NPRA, Consultants Forum and EMA may be fully deductible if considered a necessary business expense.

I hereby apply for membership in BWSHRM and agree to pay the current applicable membership dues. I recognize and accept responsibilities incumbent upon me as a member of the Human Resource Management profession. I pledge to practice and uphold the code of ethics of the Society and agree to abide by the Bylaws and to assist in carrying out the objectives of SHRM and/or BWSHRM.

Signature/Date:

Print Name:

Name of Person Referred By:

**SPONSORING CHAPTER:
Butler/Warren SHRM - #003**

FOR OFFICE USE ONLY

ID #: _____ Date Payment received: _____
Type: _____ Amount \$: _____
Source: _____ Company Ck: _____
Chapter: _____ Personal Ck: _____
Date entered: _____ Chapter Ck: _____