



## 2017 Sandusky County HRMA (SCHRMA) Membership Application for Chapter No 0311

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Website: \_\_\_\_\_

SHRM National Member Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Mark all that apply:

PHR \_\_\_\_ SPHR \_\_\_\_ SHRM-CP \_\_\_\_ SHRM-SCP \_\_\_\_ Other \_\_\_\_\_  
Please List

### Please mark 'X' with your choice below:

#### SCHRMA Member (Includes all meetings & lunches)

\_\_\_\_ National SHRM Member Price \$150.00 (include SHRM Member Number above)

\_\_\_\_ Non- SHRM Member Price \$175.00

### Visitors/Guests

Visitors or guest may also attend the monthly meetings for \$25.00 per meeting.

### Payment Method

\_\_\_\_ Cash \_\_\_\_ Check (payable to Sandusky County Human Resource Management Association)

\_\_\_\_ Credit Card \* 5% additional fee will apply to all credit card payments

Billing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CSV \_\_\_\_\_



Authorization

Signature \_\_\_\_\_

Please return this application and Payment to:

Sandusky County Human Resource Management Association  
PO Box 452  
Fremont, Ohio 43420



For questions on membership, email [sanduskycountyhrma@gmail.com](mailto:sanduskycountyhrma@gmail.com)



Membership Date: \_\_\_\_\_