



2018 Sandusky County HRMA (SCHRMA) Membership Application for Chapter No 0311

Please complete the following:

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 guests may also attend the monthly meetings for \$25.00 per meeting. Only two meetings per calendar year are permitted for each guest before joining as a member.

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



Membership Date: _____