



West Georgia Society for Human Resource Management

Application for Membership

Last Name	First Name	Middle Initial
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Referred by: _____

Name of Your Employer: _____

Address of Your Employer: _____

Your Business Phone: _____ Fax: _____

Your Title: _____ Email: _____

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: (mark a response in each category: *company size, level and education*)

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

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 & Development
_____ %	Employment	_____ %	Generalist
_____ %	Healthy, 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:

Lucinda Muncy

West GA SHRM Membership Chair

lmuncy@lagrange.edu

Phone: 706—880-8277

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 generates letter.
Date approved: _____ 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	<input type="checkbox"/>
General	<input type="checkbox"/>
Associate	<input type="checkbox"/>

NOTES: