



P.O. Box 1485
Uniontown, PA 15401
<http://tss.shrm.org>
tristateshrm@gmail.com

Tri-State SHRM

Membership Application

Member Information

Name : _____

Title: _____

Company Name: _____

Company Address: _____

Company City/State/Zip: _____

Business Phone: _____

Business Email Address: _____

Professional Information

Current Professional Certifications: _____

Current SHRM membership number: _____

Current SHRM membership expiration date: _____

NOTE: You MUST be a member of SHRM to be considered for membership in Tri-State SHRM. If you are NOT currently a SHRM member, you can register on-line at www.shrm.org.

Payment Information

- [] **Option 1 (ANNUAL DUES: \$0.00)** : I am a member of SHRM and have designated Tri-State SHRM as my Primary Chapter Affiliation and am enclosing a copy of the completed on-line form.

NOTE: This form can be found at <http://moss07.shrm.org/Communities/VolunteerResources/ResourcesforChapters/Pages/designform.aspx>. Tri-State SHRM's chapter number is 663.

- [] **Option 2 (ANNUAL DUES: \$25.00)**: I am a member of SHRM, but have designated another chapter as my Primary Chapter Affiliation and enclosed a check for my annual dues.

Signature: _____

Name (printed): _____

Date: _____



AFFILIATE OF
SHRM
SOCIETY FOR HUMAN
RESOURCE MANAGEMENT

Applications cannot be processed without signature and payment (if applicable).

Return to P.O. Box 1485 Uniontown, PA 15401 OR tristateshrm@gmail.com