



Membership Application

First Name: _____ MI: _____ Last Name: _____

Jr., Sr., Ph.D., etc. : _____ Name Preferred on Nametag: _____

Certification: PHR SPHR Other _____

Title: _____ Company/Organization: _____

Preferred Mailing Address: Business Home Preferred Email Address: Business Home

Business Address: _____
Street City State ZIP

Business Phone: (____) _____ - _____ Business Fax Number (____) _____ - _____

Business Email Address: _____

Home Address: _____
Street City State ZIP

Home Phone: (____) _____ - _____ Home Fax Number: (____) _____ - _____

Home Email Address: _____

SHRM National Membership ID# _____ (To join SHRM National, please call 1-800-283-SHRM.)
If you recently applied for SHRM National Membership and have not yet received word of acceptance, indicate the date you mailed your application: _____

Designation of Primary Chapter: SHRM National recognizes & provides financial support to your primary chapter. Please check here to designate the Greater SE Michigan Society for Human Resource Management (GSM SHRM) as your primary chapter.

Designate the **Greater Southeast Michigan Society for Human Resource Management** as my primary chapter.

Annual Dues:
 Annual dues with a SHRM National Membership: \$25
 Annual dues without a SHRM National Membership: \$50
 Annual dues are waived for full-time Student Members (9 or more credit hours.)

How did you learn about GSM SHRM? _____

MEMBERSHIP PROFILE

Please use a "1" to indicate your primary areas of responsibility and a 2 to indicate your secondary areas:

_____ HR Generalist	_____ Benefits	_____ Organizational Development
_____ Employment	_____ HRIS	
_____ Training & Development	_____ International	_____ Other _____
_____ Compensation	_____ Employee/Labor Relations	

Please indicate the following:

Business & Industry Code

- | | |
|-------------------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Information Technology/Telecommunication | <input type="checkbox"/> Education |
| <input type="checkbox"/> Financial/Insurance/Real Estate | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Association | <input type="checkbox"/> Consulting |
| <input type="checkbox"/> Government | <input type="checkbox"/> Healthcare |
| <input type="checkbox"/> Hospitality/Travel | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Professional Services | <input type="checkbox"/> High Tech |
| <input type="checkbox"/> Other: _____ | |

Company Size

- 0 - 100
- 100 - 499
- 500 - 1999
- 2000 - 4999
- 5000 and over

Organizational Level

- Plant/Branch
- Region
- Division
- Subsidiary Headquarters
- Corporate Headquarters
- Independent Contractor
- Consulting Firm
- Other _____

Experience

- Less than 1 year
- 1 - 5 years
- 6 - 10 years
- 10+ years
- Retired

Management Level

- Executive
- Manager
- Supervisor
- HR Professional Staff
- Other

Please indicate interest in chapter volunteer opportunities:

- Programs
- Professional Development
- Membership
- Communications
- Legislative Affairs
- Student/Community Liaison

I certify that the information provided above is true and correct. If accepted for member in The Greater SE Michigan SHRM I agree to abide by the By-Laws & the Code of Ethics of the Chapter.

Yes No

Signature

____/____/_____
Date

Applications are reviewed regularly and approved for membership by the procedures contained in the Chapter Bylaws and contingent upon payment of dues. Please make checks out to GSMSHRM and mail with this completed application to:

GSMSHRM
Attn: Membership
P.O. BOX 2207
Monroe, MI 48161