 MEI-SHRM

Metro East Illinois-SHRM

**MEMBERSHIP APPLICATION**

**\*All fields must be completed in order for application to be considered.**

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Certification | \_\_\_PHR \_\_\_SPHR \_\_\_GPHR \_\_\_SHRM-CP \_\_\_SHRM-SCP \_\_\_\_Other (Please List)\_\_\_\_\_\_\_\_\_\_\_\_ |
| Employer Name |  |
| Type of Business |  |
| Business Mailing Address, City, St., Zip |  |
| Business Telephone |  |
| Business Fax |  |
| Email Address |  |
| Home Address, City, St., Zip |  |
| Home Telephone |  |
| Preferred Mailing Address | \_\_\_Business \_\_\_Home |
| Education (highest degree & major) |  |
| Brief description of job responsibilities |  |
|  |  |
| How many years have you worked in the field of human resources? |  |

**I am applying for the following:**

 Regular Membership ($100) SHRM Member Number

 Student Membership ($25).…………………………… Name of College/University

 Retiree Membership ($25) ….………………………… Name of Last Employer

 In-Transition Professional Membership ($25) SHRM Member Number

**Membership rates reduced by 50% for those applying after July 1.**

I understand that MEI-SHRM reserves the right to verify the information contained on this application form, and that the determination to extend membership is contingent upon meeting the requirements for membership as outlined in the brochure.
**I also understand that payment must be submitted with this application** and that membership will begin once my application is reviewed and approved by the MEI-SHRM Board.

Applicant Signature Date

**MEI-SHRM**

P.O. Box 3

Collinsville, IL 62234

 MEISHRM.SHRM.ORG contact.meishrm@gmail.com