



MEMBERSHIP APPLICATION

2016 Membership Year (January 1 – December 31)

Springfield Human Resources Management Association

Instructions: Please complete this application and submit to Amy Donahoe, Membership Chair. Application and payment may be mailed to P.O. Box 2144, Springfield, OH 45501-2144. If you have any questions, please contact Amy Donahoe at 937-325-7621 or by email at adonahoe@greaterspringfield.com.

For an application to National SHRM, contact SHRM directly at 800-283-7476 or online at www.shrm.org.

Your Organization's Name: _____

Address: _____

Primary Member: Each organization must list one (1) primary member. Primary Membership Dues: **\$160.00**

Name: _____ Title: _____

Phone: _____ Fax: _____

Email: _____ Years in HR/IR: _____

Check if applicable: PHR SPHR

Background, Degree, Certifications, etc.: _____

Check Membership Level:

SHRMA Primary Member (without National SHRM membership) \$160.00

SHRMA Primary Member (with National SHRM membership discount) \$95.00

Must include National SHRM Member # _____

Associate Member: Each additional member from the same organization. Associate Membership Dues: **\$95.00 each**

Name: _____ Title: _____

Phone: _____ Fax: _____

Email: _____ Years in HR/IR: _____

Check if applicable: PHR SPHR National SHRM # (if applicable) _____

Background, Degree, Certifications, etc.: _____

Name: _____ Title: _____

Phone: _____ Fax: _____

Email: _____ Years in HR/IR: _____

Check if applicable: PHR SPHR National SHRM # (if applicable) _____

Background, Degree, Certifications, etc.: _____

Total Members Enrolled: 1 Primary Member Amount Due (\$160 or \$95) \$ _____

_____ Associate Member(s) Amount Due (\$95 each) \$ _____

Total Enclosed \$ _____

Make checks payable to SHRMA