



**2016 MEMBERSHIP APPLICATION**

(Please print or type all information)

Name: \_\_\_\_\_  
Last First MI

Organization or Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address: \_\_\_\_\_  
Street#/PO Box City

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email : \_\_\_\_\_

Are you currently a member of SHRM: \_\_\_ Yes \_\_\_ No SHRM #: \_\_\_\_\_

Please send completed application form, along with a check for:

- Individual Membership \$75.00 \_\_\_\_\_
- Company (2 to 4 members) \$150.00 \_\_\_\_\_

Send Completed Form and Check to:  
Southwest MI SHRM  
P.O. Box 751  
St. Joseph, MI 49085  
Attn: Stacy Raue-Wiley

As a member of SWMI SHRM, I will uphold its purpose and Code of Ethics:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Is this a new Member Application or a Renewal Application: \_\_\_\_\_ **NEW** \_\_\_\_\_