

Northern Michigan Society for Human Resource Management

P.O. Box 100 - Petoskey, MI 49770



APPLICATION FOR MEMBERSHIP

Name: _____ Company/College: _____

Title/Position: _____ Number of Employees: _____

Nature of Business/Program of Study: _____

Business Address: _____

Business Phone: _____ Fax: _____ E-mail: _____

Home Address: _____

Home Phone: _____ Home E-mail: _____

Current membership in the Society for Human Resource Management (SHRM) is required to be considered for Membership in the local Chapter.

SHRM Membership Number _____

Check the functions you are engaged in on a regular basis for your employer:

_____ Benefits Administration

_____ Labor Negotiations

_____ Wage and Salary Administration

_____ Grievance Handling

_____ Recruitment

_____ Training and Development

_____ Safety

_____ EEO

_____ Job Analysis

_____ Affirmative Action

_____ HR Policy Formation

_____ Employee Relations

_____ Recordkeeping/Employee Records

_____ Employee Manuals

Other Areas of Expertise/Interest in the Human Resource Field: _____

ANNUAL NMSHRM MEMBERSHIP DUES

_____ \$65 for Primary Company Member (one)

_____ \$45 for Secondary Company Members

_____ \$25 for College Students

_____ \$Total Enclosed

A name tag is included as part of your membership, how would you like it displayed?

Note: First name will be in all caps, followed by first and last name along with any professional credentials you want identified.

First Name: _____

First & Last Name, plus credentials: _____

Include Company/College name? _____ Yes _____ No

Please send this form along with check or money order (payable to NMSHRM) to:

NMSHRM
P.O. Box 100
Petoskey, MI 49770

I hereby apply for Membership in the Northern Michigan Chapter of the Society for Human Resource Management and agree to pay the annual dues set according to the by-laws. I pledge to uphold and abide by the by-laws and to assist in carrying out the objectives of this Chapter.

Signature _____ Date _____

For more information on The National Society for Human Resource Management visit: www.shrm.org
For information regarding the Northern Michigan Chapter visit: <http://nomi.shrm.org>

For Association Purposes

Date Application Received _____ Membership Date _____

Board Review: Approved _____ Not Approved _____

Dues Paid:

\$ _____ Primary Member \$ _____ Secondary Member \$ _____ Student Member