|  |
| --- |
| SHRM Use Only:Membership Approved:Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Professional ❏General ❏Associate ❏Interim ❏ Name Tag \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Membership Packet \_\_\_\_\_\_\_\_\_\_\_\_\_ |

P.O. Box 1271 • Decatur, AL 35602 *tvc.shrm.org • TVC-SHRM Facebook*


# APPLICATION FOR MEMBERSHIP

**Member Information:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Last) (First) (Middle)

PHR ❏ SPHR ❏ SHRM-CP ❏ SHRM-SCP ❏

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Job Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Address City State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address City State Zip Code

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Business Home Fax Email

**Mail to be sent to:** Company ❏ Home ❏  **FLSA Status:**  Exempt ❏ Non-exempt ❏

Total # of years in Human Resource exempt position \_\_\_\_\_\_\_\_\_\_\_

Rank the top three functions in which you are most professionally engaged by placing a 1, 2, or 3 (“1” being the highest) at the appropriate function.

\_\_\_\_\_\_ Benefits \_\_\_\_\_\_Compensation \_\_\_\_\_\_ Employment/Recruitment \_\_\_\_\_\_ Labor/Employee Relations \_\_\_\_\_\_ EEO/Affirmative Action

\_\_\_\_\_\_ Health, Safety, Security \_\_\_\_\_\_ Research / Consultant \_\_\_\_\_\_ Training/Development \_\_\_\_\_\_ HR Generalist \_\_\_\_\_\_ HRIS ***Please indicate committees that you would be willing to volunteer:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ❏ Board of Directors❏ Officer❏ Education Advocacy | ❏ Certification❏ Legislative Affairs❏ Diversity | ❏ Mentoring❏ Programs❏ Social Events | ❏ Workshop/Seminars❏ Resume Bank ❏ Membership | ❏ Newsletter/ Communications |
|  |  | **Demographic Information** |  |  |  |
| **Education**  |  | **Company Size**  | **Dept. Size**  |  | **Facility Level** |  |
| \_\_\_\_ High School  | \_\_\_\_ Master’s  | \_\_\_\_ 1-100 \_\_\_\_ 751-1000  | \_\_\_\_ 1-5  | \_\_\_\_ 26-50  | \_\_\_\_ Corporate  | \_\_\_\_ Plant |
| \_\_\_\_ Some College  | \_\_\_\_ MBA  | \_\_\_\_ 101-250 \_\_\_\_ 1001-2500  | \_\_\_\_ 6-10  | \_\_\_\_ 51-100  | \_\_\_\_ Division  | \_\_\_\_ Region |
| \_\_\_\_ B.S./B.A. \_\_\_\_ B.S./B.A.+ | \_\_\_\_ PhD  | \_\_\_\_ 251-500 \_\_\_\_ 2501-5000 \_\_\_\_ 11-25  | \_\_\_\_ 100+  | \_\_\_\_ Group  | \_\_\_\_ Subsidiary |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YOUR IMMEDIATE SUPERVISOR’S NAME TITLE

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** PHONE NUMBER ADDRESS (IF DIFFERENT FROM YOURS)

Are you a former member of SHRM Tennessee Valley Chapter? \_\_\_\_ YES \_\_\_\_ NO If yes, when: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you a former member of another SHRM Chapter? \_\_\_\_ YES \_\_\_\_ NO If yes, which chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently a member of National SHRM? \_\_\_\_ YES \_\_\_\_ NO SHRM Member #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Outline below your specific areas of responsibility in your present position and the percentage of time that you spend in Human Resource functions. Please attach a current resume which highlights your experience.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Please indicate your membership category:** Membership is open to exempt individuals as defined by the Fair Labor Standards Act.

❏ **PROFESSIONAL MEMBER** - Individuals actively engaged in bona fide human resource management, with at least three years of experience; individuals currently certified by the Human Resource Certification Institute; faculty members of an accredited college or university who teach courses related to the field of HR; full-time consultants with a minimum of three years experience who are not primarily engaged in assigning or directing a person to some other employer and charge a fee or commission for such service. Professional Members have the right to vote and may hold office.

❏ **GENERAL MEMBER** - Individuals primarily engaged in the profession of human resource management and meet the requirements for Professional Member, but who do not satisfy the three year exempt experience requirement. General Members have the right to vote, but may not hold office.

❏ **ASSOCIATE MEMBER** - Management labor attorneys and other persons who do not meet the criteria for professional or general membership and who have an affiliation in HRM. Associate Members do not have voting privileges and may not hold office.

❏ **INTERIM MEMBER** - Individuals who have moved to the Tennessee Valley and are national SHRM members or have been members of a SHRM chapter of student chapter during the past year but are presently unemployed. Interim Members do not have the right to vote or hold office.

❏ **STUDENT MEMBER** - Individuals enrolled as a full-time or part-time student at freshman standing or higher in the equivalent of at least 6 credit hours with an emphasis in human resource management subjects. Students may not vote or hold office.

I hereby apply for membership in the Society for Human Resource Management, Tennessee Valley Chapter, and agree to pay the annual membership dues. I recognize and accept the responsibilities incumbent upon me as a member of the Human Resource Management profession and I pledge to assist in carrying out the objectives of the Society.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF APPLICANT DATE

**Referred by (if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Annual Dues** (check payable to Tennessee Valley Chapter SHRM):

 **$40.00** or **$25.00** if National SHRM Member (please provide proof of membership) **$15.00** Students

**Return completed application, resumé and check to:**

 Tennessee Valley Chapter SHRM

 Attention: Membership P.O. Box 1271

 Decatur, AL 35602-1271

Monthly lunch meetings are held the second Wednesday of every month at 11:15 at the Decatur Country Club. Lunch is $15.00 per person.

NAME (as you would like for it to appear on your name tag): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_