

Indiana County Area SHRM Affiliate of the Society for Human Resource Management



2015 MEMBERSHIP FORM

First Name *		Phone	*			
Middle Initial		Fax *	_			
Last Name *		E-mail	*			
Title *		Compa	any Size *			
No of Years Experience *		Department Size *				
Education/Degree (Specify Degree, Major, College and Year)		Member Type (defined on the following page) and Term *				
	HR and Year)		Associate: Regular: Retired: (circle one category)	Jan-Dec \$150.00 \$150.00 \$150.00	July-Dec \$75.00 \$75.00 \$75.00	
Other Credentials		Note : 3 or more Regular membership applications from the same company can join for \$125.00 each if all				
Industry *		applications are received and paid together.				
Organization *		2015 Student ICASHRM Memberships dues are waived in coordination with membership in IUP Student Chapter(s).				
Address Line 1 *		Amount Enclosed				
Address Line 2						
City *		If National Member # *				
State *		Do γοι	u permit the use of a pi	icture for marketin	g purposes?Yes / No	
Zip Code *			**Continued on next page **			



STRM SOCIETY FOR HUMAN RESOLICE MANAGEMENT

2015 MEMBERSHIP FORM

<u>Regular Members</u> – Eligibility includes at least one of the following: Human Resource Professionals who devote at least 50% of their time to personnel, human resources or industrial relations; full time Human Resource Management Consultants; Business Owners who hold full responsibility for the Human Resource function; Faculty members holding assistant, associate, or full professorial rank in Human Resource Management or any of its specialized functions at an accredited College or University; and/or full time Attorneys who counsel and advise management Clients on matters relating to the Human Resource Profession.

Associate Members - Individuals who do not meet the regular member category, but who demonstrate a bona fide interest in human resource management and the mission of the Organization. Associate members may vote, hold office, and serve on committees.

<u>Retired Members</u> - Individuals who are retired from active employment, but met one of the criteria for membership as defined above. Retired members may vote, hold office and serve on committees.

The membership year is from January 1 – December 31 and includes admission to all chapter meetings. All memberships are individual memberships and are non-transferable. A non-member may attend one monthly membership meeting during one (1) program year as a guest of a member in good standing. Any additional meetings as a guest will be charged a fee \$25.00 per meeting, payable on entry to the meeting.

Information obtained through ICASHRM-related membership and activities are for general informational purposes only and are not intended as legal advice for any specific situation. Advice from legal counsel should be obtained on the basis of the specifics of a particular matter.

I hereby apply for membership in The Indiana County Area SHRM and agree to pay dues. I recognize and accept the responsibilities incumbent upon me as member of the Human Resources profession. I pledge to practice and uphold the code of ethics of the Society and agree to abide by the By-laws and to assist in carrying out the objectives of the Society.

I understand that my email may be distributed to members of the Indiana County Area SHRM Chapter.

Signature *

Date

MAILING ADDRESS: (return both pages) Indiana County Area SHRM PO Box 1252 Indiana, PA 15701

Tax ID #: 27-3597419