



2020 MEMBERSHIP FORM

Personal Information

First Name * _____ **Middle Initial** _____ **Last Name *** _____
Organization * _____ **Title *** _____
Address Line 1 * _____ **Address Line 2** _____
City * _____ **State *** _____ **Zip Code *** _____
Phone * (____) _____ - _____ **Alt. Phone** (____) _____ - _____ **Fax *** (____) _____ - _____
E-mail * _____ @ _____

Professional Profile & National SHRM Affiliation

Industry * _____
Current Company Size (No. of employees) * _____ **No. of Years' Experience in HR *** _____
Education/Degree (Specify Degree, Major, College and Year) * _____
HRCI - PHR/SPHR/GPHR * _____ **SHRM-CP/SHRM-SCP *** _____
(Specify PHR/SPHR/GPHR and Year) (Specify SHRM-CP or SHRM-SCP and Year)
Are you a National SHRM Member? * Yes – my member # is: _____ No
Other Credentials _____

ICASHRM Chapter Membership

Member Type (defined on Page 2): * Regular Associate Retired Student (No Cost)
Membership Term & Dues* (defined on Page 2): * Full Year (Jan-Dec): \$130.00** Mid-Year (July-Dec): \$65.00**
Do you permit the use of your picture for marketing purposes? Yes No

Mail completed form and check payable to ICASHRM to: ICASHRM Treasurer, PO Box 1252, Indiana, PA 15701.

Please Note: Three (3) or more Regular membership applications received from individuals employed by the same company will be processed at a discounted rate of \$100.00 each if all applications are received and paid together.

Acknowledgement and Signature

I hereby apply for membership with Indiana County Area SHRM Chapter 0593 (Tax ID # 27-3597419), and agree to pay dues as outlined above. I recognize and accept the responsibilities incumbent upon me as a 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 acknowledge my understanding of the information disclosed on Page 2 of this form.

Signature * **Date**

Important 2020 ICASHRM Membership Information

Please review the following information prior to signing your 2020 Membership Form.

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.

Your email address as provided on the form may be distributed to other members of the Indiana County Area SHRM Chapter for the purposes of information sharing and/or networking. If you indicate release of your photo for marketing purposes, photographs with you in them may be used in marketing materials for the ICASHRM chapter.

To better understand the ICASHRM Membership Information section of the form, the following definitions are provided:

Membership Type – Individuals can join ICASHRM as one of the following member types:

- **Regular Members** – 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.
- **Retired Members** - 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.
- **Student Members** - Individuals who are actively enrolled in human resource degree programs at the college or university level. Student members may not vote or hold office, but may serve on committees.

Membership Term – 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.

Please visit icashrm.shrm.org for more information and for a current listing of chapter officers.

**Should you have any questions about membership, please contact us for clarification.
We look forward to having you as a part of our Chapter.**