



# 2019 MEMBERSHIP APPLICATION

This is a:  New Membership  Membership Renewal

|                                |            |                         |  |
|--------------------------------|------------|-------------------------|--|
| Name                           |            | Job Title               |  |
| Organization Name              |            | Business Street Address |  |
| City                           | State      | Zip Code                |  |
| Mailing Address (if different) |            |                         |  |
| Business Telephone             | Fax Number | E-mail                  |  |

|   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Current National SHRM Member, Member No. _____                             |  | <input type="checkbox"/> SHRM Professional Member <input type="checkbox"/> SHRM Associate Member  |  |
| <input type="checkbox"/> Interested In SHRM Membership (application with discounted dues available) |  | Professional Accreditations<br><input type="checkbox"/> PHR <input type="checkbox"/> SPHR <input type="checkbox"/> GPHR <input type="checkbox"/> Other: _____<br><input type="checkbox"/> SHRM-CP <input type="checkbox"/> SHRM-SCP |  |

The next two sections are not required for membership renewals.

Provided below is a description of WTSHRM Membership Requirements. Briefly describe the principal responsibilities of your current position:

Briefly describe your professional background:

|  |           |      |
|--|-----------|------|
| <input type="checkbox"/> WTSHRM Annual Membership Dues \$25 (National SHRM Membership Required--Discount Available Through WTSHRM) |           |      |
| <input type="checkbox"/> Pre-Pay Monthly Luncheon (optional) \$12 each _____ months x \$12 = \$_____                               |           |      |
| <i>Save: Pay only \$125 if you prepay for all 12 months.</i>   |           |      |
| Total Due:<br>\$   | Signature | Date |

Please make check payable to: WTSHRM

This completed application may be submitted at a monthly association meeting or mailed to:

WTSHRM, P.O. Box 10746, Jackson, TN 38308



Membership is restricted to Individuals engaged in human resource management with at least three years of experience at the exempt level; or any individual certified by the Human Resource Certification Institute; or any faculty member with three or more years experience holding at least assistant professorial rank in HR; or full-time consultants with at least three years experience as an HR practitioner; or full-time attorneys with at least three years experience in counseling and advising clients on matters relating to the HR profession.

*Business Use Only*

Rec'd. \_\_\_/\_\_\_/\_\_\_

Amt. Pd. \_\_\_\_\_

Apprv. \_\_\_\_\_

Let. Mld. \_\_\_\_\_