



APPLICATION FOR MEMBERSHIP

Membership is open to any individual who spends a substantial portion of his/her time in human resources management or in its various phases and whose company is a member of the Fond du Lac Area Association of Commerce or chamber of the NEW North or other area approved Chamber of Commerce.

Name _____ Job Title _____
(Last) (First) (MI)

Employer Name _____

Employer Address _____

Business Phone _____ Fax Number _____

Are you a SHRM Member? YES NO SHRM Membership #: _____

E-mail Address _____

Number of employees in your company _____ Are you certified as: PHR ___ SPHR ___ GPHR ___

Brief description of duties relating to human resources functions (attach job description if available):

Annual membership dues: SHRM Member \$45.00 / Non-SHRM Member \$65.00
An invoice will be mailed to you based on approval status.

Membership is approved at a regular Human Resources Board of Directors meeting. Membership is subject to compliance with information contained in the chapter bylaws.

Applicant Signature _____ Date _____

FOR OFFICE USE ONLY

Date Received _____ Dues _____

Approved _____ Not Approved _____