



MIDLANDS SOCIETY FOR HUMAN RESOURCE MANAGEMENT



2018 APPLICATION FOR MEMBERSHIP

I hereby apply for regular membership in accordance with the bylaws of the Midlands Society for Human Resource Management.

Please provide or correct the following information.

Name: _____ Position: _____
 Company: _____
 Address: _____ Phone: _____
 City: _____ Fax: _____
 State: _____ ZIP: _____ Email: _____

I understand that the contact information I provide will be made available to other MSHRM members and posted on the MSHRM website (<http://mshrm.shrm.org/>.)

Nature of Company's Business: _____

Number of employees: _____ My position is: Exempt Non-exempt

Responsibilities of Position: _____

(Check one)

- I am a member of National SHRM. My membership number is _____.
- I am not a member of National SHRM. Please send me information about the organization.
- I am only interested in membership in Midlands SHRM at this time.

I am a certified Human Resources professional (Check all that apply):

- SHRM-CP SHRM-SCP PHR SPHR GPHR Other _____

*Membership dues for one calendar year are \$100. National SHRM members receive a \$10 discount. Membership applications must be returned with payment by February 15. **Memberships are individual, not corporate. Other employees may not take your place at a meeting, but may attend as a guest.***

In applying for membership in the Midlands Society for Human Resource Management, I recognize and accept the responsibilities incumbent upon me as a member of the Personnel profession. I pledge to constantly observe, practice and maintain the ethical responsibilities of the profession. I agree to abide by the by-laws and to assist in carrying out the goals of the Association.

Applicant's Signature

Date

Mail application with payment to MSHRM Attn: Secretary-Treasurer, PO Box 2564, Orangeburg, SC 29116

Payment (Check one): _____ Check _____ Cash _____ Credit or Debit Card
(Please complete second page)

For Board Use Only:

Date Received: _____

Approved/Disapproved: _____



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CREDIT OR DEBIT CARD PAYMENT INFORMATION

If paying with a credit or debit card, please provide all of the information below to process payment.

CARD NUMBER: _____

EXPIRATION DATE: _____

SECURITY CODE: _____

BILLING ZIP CODE: _____