**Midlands Society for**

**Human Resource Management**

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**2019 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/*](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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**