

**Chapter #** **757**

I hereby designate the above named chapter as my primary chapter for SHRM membership coding purposes. I understand that:

1. This in no way precludes membership in other chapters.
2. This allows SHRM to list my membership to this chapter for financial support program purposes only.

Please type or print:

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SHRM MEMBER ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(You must be a current national member of the Society for Human Resource Management to complete this form.)

JOB TITLE

COMPANY NAME

ADDRESS

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SHRM Certifications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL

Date: \_\_\_\_\_\_\_\_\_\_\_ Member’s Signature
 (Member must sign to validate)

**Please scan and send to**: Membership at yamhillcountryhra@gmail.com or by fax to 503-474-2611

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