



Membership Application

SHRM of SWKS and YOU: The Society for Human Resource Management of SouthWest Kansas (SHRM of SWKS) is a professional organization for persons specifically engaged in personnel or human resource management. Designed to further high standards of performance and professionalism among its members, SHRM of SWKS provides education, networking and resources for HR professionals, small business owners, managers and others who are responsible for human resource management.

MEETINGS and SEMINARS: Chapter meets monthly on the second Thursday. Luncheon meetings typically begin at 11:30 am and generally last 2 hours. Evening meetings may be scheduled periodically. Interesting programs and round table discussions keep our members informed about current topics in human resources. We also sponsor area seminars on human resource-related issues.

MEMBERSHIP FEES: Please complete the application below. Annual dues are \$65 for local members and \$25 for students. **For individuals who are members of the SHRM organization: Chapter dues are waived for current National SHRM members.** (NOTE: There is a \$15 meal fee each month for those members who join us for the luncheon.)

Name: _____ Title: _____

Firm/Organization: _____

Firm Mailing Address: _____ City/State/Zip Code: _____

Bus Phone: _____ FAX Number: _____

Email Address: _____ Business Web site: _____

Type of Business/General Function: _____

Are you a member of the Society for Human Resource Management (SHRM)?

- Yes (No additional chapter dues charged)
- No (Please make check payable to SHRM of SWKS)

Member Number _____

Please check appropriate membership:

- RENEWING Member:** I am already a member of SHRM of SWKS (Local members will pay dues annually in January 31st of each year).
- Professional Member:** I am (a) engaged in the profession of human resource management at the exempt level for at least three years; (b) certified by the Human Resource Certification Institute; (c) a faculty member holding an assistant, associate or full professor rank in human resource management or any of its specialized functions at an accredited college or university and have at least three years of experience at this level of teaching; (d) a full-time consultant with at least three years experience in the field of human resource management; or (e) a full-time attorney with at least three years experience in counseling and advising clients on matters relating to the human resource profession. (Professional members may vote and hold all offices in the Chapter.)
- Associate Member:** I am in a non-exempt human resource management position or I do not meet the professional member category, but I demonstrate a bona fide interest in human resource management and the mission of the Chapter. (Associate members may vote and hold Secretary, Treasurer, or Chapter Leader positions in the Chapter.)
- Student Member:** I am enrolled as a student in a degree program at the college or university level with an emphasis in human resources. (Student members may not vote or hold office in the Chapter.)

Please tell us about two topics or speakers you would like to see presented/addressed at our meetings:

Please complete application and submit dues to:

Membership
 SHRM of SWKS
 P.O. Box 2401
 Garden City, KS 67846
 (620) 513-6135

Primary Chapter Designation Form

Chapter # 0749

Chapter Name: SHRM of Southwest Kansas

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.)

COMPANY NAME:

ADDRESS:

CITY/STATE/ZIP:

PHONE #:

FAX#:

E-MAIL:

DATE

MEMBER'S SIGNATURE

(Member must sign to validate)

Please scan and return to shrm.memberrelations@shrm.org