Society for Human Resource Management

Membership Application

Name _____ Title _____

Company _____ Company Address _____

City _____ State/Zip _____

Telephone # _____ Fax # _____ e-mail address _____

Number of years in human resources _____ Number of years with present company _____

Are you now a member of SHRM? ❑ Yes ❑ No If not, would you like additional information about SHRM? ❑ Yes ❑ No

Are you certified as a PHR? ❑ Yes ❑ No SPHR? ❑ Yes ❑ No

Rank areas in which you are professionally engaged by placing a 1, 2, or 3 (indicating 1st, 2nd, or 3rd) alongside the three functions which occupy most of your time, effort and interest.

Functions

1. Compensation
2. Benefits
3. Labor Relations
4. Employment
5. Health, Safety & Security
6. Training & Development
7. Personnel Research
8. Legal - EEO
9. Generalist

Company Size

1. 1 - 100
2. 101 - 250
3. 251 - 500
4. 501 - 750
5. 751 - 1000
6. Over 1000

Department Size

1. 1 - 5
2. 6 - 10
3. 11 - 25
4. Over 25

Company Name _____

Your Title _____

How Long There? _____

Summary of Responsibilities & Duties:

_____

_____

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_____

_____

Company Name _____

Your Title _____

How Long There? _____

Summary of Responsibilities & Duties:

_____

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If more room is needed, please complete on separate sheet of paper.