2021 Membership Application

You must be a member in good standing of the National SHRM to join the Shoals Chapter.

 For more information, go to [www.shrm.org](http://www.shrm.org). Email address shoals.shrm@gmail.com

Check out our website for upcoming meetings, workshop and conferences at <http://shoalschaptershrm.shrm.org/>

**Mailing Address**

**Shoals Chapter – SHRM**

**PO Box 881**

**Florence, AL 35631**

Membership Contact Information:

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Name (Last) (First) (Middle)

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Company Job Title

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Mailing Address City State Zip Code

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Business Home Fax E-Mail

FLSA Status: □ Exempt □ Non-exempt

**❏ PROFESSIONAL MEMBER** - Individuals actively engaged in bona fide human resource management, with at least three years of experience; individuals currently certified by the Human Resource Certification Institute; faculty members of an accredited college or university who teach courses related to the field of HR; full-time consultants with a minimum of three years experi­ence who are not primarily engaged in assigning or directing a person to some other employer and charge a fee or commission for such service. Professional Members have the right to vote and may hold office.

❏ **GENERAL MEMBER** - Individuals primarily engaged in the profession of human resource management and meet the require­ments for Professional Member, but who do not satisfy the three year exempt experience requirement. General Members have the right to vote, but may not hold office.

❏ **ASSOCIATE MEMBER** - Management labor attorneys and other persons who do not meet the criteria for professional or gen­eral membership and who have an affiliation in SHRM. Associate Members do not have voting privileges and may not hold office.

❏ **STUDENT MEMBER** - Individuals enrolled as a full-time or part-time student at freshman standing or higher in the equivalent of at least 6 credit hours with an emphasis in human resource management subjects. Students may not vote or hold office.

Are you currently a member of National SHRM? □ Yes □ No

Required active SHRM MEMB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate which committee(s) you are interested in joining.

\_\_ Revenue/Treasure \_\_ Speakers/Programs \_\_Sponsorships

 \_\_ Membership \_\_ Student Chapter \_\_SHRM Certification \_\_ Governmental Affairs

Please mail or scan a completed application to the shoals shrm mailing address for approval to **shoals.shrm@gmail.com**

office 205-433-6048 OFFICE Crystal Wilson

**Signature is required To Designate Shoals SHRM Chapter #0700 as primary chapter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**While a SHRM member may belong to more than one affiliated chapter, only one chapter may be designated as that member's primary chapter. A member is free to change that designation as he/she wishes. Primary Chapter Designation Forms (CDFs) are signed directives from the member to SHRM authorizing SHRM to change his/her primary chapter designation.**

**The CDF is completed by the professional member -- after they have joined the chapter through the chapter application process -- and submitted via this form. Upon receipt of the executed form, the member's primary chapter will be changed.**

**To ensure changes are made during the appropriate month, submission deadlines are in place. From January through November, the signed form must be received by the 5th business day prior to the end of the month to be processed in that month. For the month of December, the signed form must be received by the 15th of the month to be processed by December 31st.**

 **Forms received after the deadlines will be held for processing in the following month.**

**This form is only necessary for individuals looking to change their primary chapter designation. A chapter can still provide their Regional Administrator with membership updates.**

**\* Chapter #:**

**\* Chapter Name:**

**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.**

**3. By choosing this chapter designation, this does not confirm or guarantee membership in the chapter.**

**(You must be a current national member of the Society for Human Resource Management to complete this form.)**

**You can also click the link below to change your Primary Chapter**

[**http://fs16.formsite.com/robgatesshrmorg/form33/index.html**](http://fs16.formsite.com/robgatesshrmorg/form33/index.html)