

# STUDENT APPLICATION

Current or previous SHRM member? **Yes No** Enter Member ID: \_\_\_\_\_

Certifications: ☐ aPHR ☐ aPHRi ☐ PHR ☐ PHRca ☐ PHRi ☐ SPHR ☐ SPHRi ☐ GPHR

*Note: Earned SHRM credentials (SHRM-CP and SHRM-SCP) will be added to member records by SHRM.*

\*Name: \_\_\_\_\_  
First M.I. Last

☐ Ph.D. ☐ Ed. ☐ JD

\*College/University: \_\_\_\_\_

Chapter #: \_\_\_\_\_

Primary Address: ☐ CAMPUS ☐ HOME

## CAMPUS

\*On-Campus (School) Address: \_\_\_\_\_

\*Address/Apt. # \_\_\_\_\_

\*City: \_\_\_\_\_ \*State/Province: \_\_\_\_\_ \*Zip/Postal Code: \_\_\_\_\_

\*Country: \_\_\_\_\_

\*Email: \_\_\_\_\_ \*Phone: \_\_\_\_\_

## HOME

\*Home (Permanent) Address: \_\_\_\_\_

\*Address/Apt. # \_\_\_\_\_

\*City: \_\_\_\_\_ \*State/Province: \_\_\_\_\_ \*Zip/Postal Code: \_\_\_\_\_

\*Country: \_\_\_\_\_

\*Email: \_\_\_\_\_ \*Phone: \_\_\_\_\_

☐ Please do not share my mailing address with other HR-related organizations.

\* Fields marked with an asterisk are required.

### ONLINE

(Credit card  
payment only.)

SHRM.ORG/JOIN

### PHONE

(Credit card payment only.)

800.283.7476, option 3  
(U.S. only),  
or +1.703.548.3440, option 3

### MAIL

(3-4 weeks for processing.)

SHRM  
P.O. Box 79482  
Baltimore, MD 21279-0482  
USA

### FAX

(Allow 5-7 days for processing.)

+1.703.535.6490

# STUDENT APPLICATION

## EDUCATION

### \*Academic Major:

- ☐ Human Resource Management  
☐ Human Resource Development  
☐ Business Administration & Management  
☐ Industrial/Organizational Psychology  
☐ Labor Relations  
☐ MBA  
☐ MBA/HR  
☐ Organizational Behavior/Organizational Development  
☐ Other: \_\_\_\_\_

### \*Degree:

- ☐ Undergraduate ☐ Graduate ☐ Postgraduate

\*Anticipated Graduation Date: \_\_\_\_\_ / \_\_\_\_\_  
 Month Year

\*Currently enrolled in \_\_\_\_\_ credit hours per

- ☐ Semester ☐ Quarter ☐ Compressed term or during a 15-week  
 equivalency

## EMPLOYMENT STATUS:

- ☐ Not employed in a regular full-time HR position  
☐ Employed in a full-time nonexempt\*\* (hourly) HR position  
☐ Employed in a full-time exempt\*\* HR position  
☐ U.S. Military active duty

\*\*As defined by the Fair Labor Standards Act (FLSA)

## Demographic Information:

Please complete the following. This information assists us in analyzing the demographics of our membership and helps us provide personalized content as well as new programming.

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 MM DD YYYY

GENDER: ☐ Female ☐ Male ☐ Undisclosed

## RACE/ETHNIC IDENTIFICATION:

Please select the appropriate box(es) if you would like to share your race/ethnic identification, and you consent to SHRM's use and processing of such information in connection with your membership application, and for any other purpose outlined in the SHRM Privacy Policy at [shrm.org/privacy](http://shrm.org/privacy). You are not required to share this information.

- |   |   |
|---|---|
| <input type="checkbox"/> American Indian/<br>Alaskan Native | <input type="checkbox"/> Hispanic/Other Latino                |
| <input type="checkbox"/> Asian                              | <input type="checkbox"/> Multicultural/Other                  |
| <input type="checkbox"/> Black/African American             | <input type="checkbox"/> Native Hawaiian/<br>Pacific Islander |
| <input type="checkbox"/> Hispanic/White Latino              | <input type="checkbox"/> White                                |

Please send completed application with your payment.

\* Fields marked with an asterisk are required.

## MEMBERSHIP DUES:

\*SHRM membership is nonrefundable and nontransferable.

☐ 1-Year Student Membership: \$40

### \*Please indicate method of payment:

☐ Check ☐ Money Order (U.S. \$/U.S. bank only)

Charge my: ☐ VISA ☐ MasterCard ☐ American Express

I authorize SHRM to charge my credit card \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name (as it appears on credit card) \_\_\_\_\_

Signature \_\_\_\_\_

Cardholder's Phone \_\_\_\_\_

SHRM annual dues are not deductible as charitable contributions for federal income tax purposes but may be deductible as necessary business expenses except that, under IRC Section 162(e), 3% of the SHRM annual dues are allocable to lobbying expenses and are therefore not deductible. I understand my membership will not start until SHRM receives and processes my application and payment.

I hereby apply for student membership in SHRM and agree to pay the current applicable membership dues. I will abide by the SHRM Code of Ethical and Professional Standards in Human Resource Management as detailed online at [shrm.org/ethics](http://shrm.org/ethics). I understand that my application and SHRM membership is subject to the SHRM Privacy Policy at [shrm.org/privacy](http://shrm.org/privacy).

I certify that the information contained within this application is accurate and correct and I meet the eligibility requirements for student membership.

\*Signature/Date \_\_\_\_\_

18-1701 Student

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