



Student Membership Application

Fields marked with an * are required. Your application cannot be processed without this information. Please print legibly.

Current or previous SHRM member? Yes Enter 8-digit membership # here: _____
 No

*Name: _____
First M.I. Last

*College/University: _____

*Chapter #: _____
(If no chapter exists at your school, please enter 5000.)

Primary Address:

CAMPUS HOME

CAMPUS

*On-Campus (School) Address: _____

*Address/Apt. # _____

*City: _____ *State/Province: _____ *Zip/Postal Code: _____

*Country: _____

*E-mail: _____ *Phone #: (_____)

HOME

*Home (Permanent) Address: _____

*Address/Apt. # _____

*City: _____ *State/Province: _____ *Zip/Postal Code: _____

*Country: _____

*E-mail: _____ *Phone #: (_____)

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

OVER to complete both sides of application.

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

(Allow 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



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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—Enlisted
- U.S. Military active duty—Commissioned Officer

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

Demographic Information:

The completion of the following allows SHRM to track its membership diversity and develop additional programs and services, including the Young HR Professionals Network.

Date of Birth: _____ / _____ / _____
MM DD YYYY

Gender: Female Male Undisclosed

Race/Ethnic Identification:

- American Indian/Alaskan Native
- Asian
- Black/African American
- Hispanic/White Latino
- Hispanic/Other Latino
- Multicultural/Other
- Native Hawaiian/Pacific Islander
- White

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), 4% 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.

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

*Signature/Date _____

Please send completed application with your payment.

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