



MEMBERSHIP APPLICATION 2011

(Membership is per individual and is NOT transferable)

Name SHRM Member Number _____/_____/_____
SHRM EXP DATE

Company Title

Address

(_____) _____ (_____) _____
Work Phone Number Work Fax Number

Work E-mail Address _____

Please provide the following secondary contact information:

(_____) _____ (_____) _____
Home E-mail Address Home Phone Number

Please list HRCI certification: PHR SPHR GPHR PHR-CA SPHR-CA Not certified

Other HR Affiliations _____ Circle **Yes/No** - name listed on membership directory

Volunteer Opportunity Interest: Certification Diversity Quarterly Newsletter Workforce Readiness Public Affairs

Membership Legislative Action Programs/Annual Workshop Other: _____ Not Interested

SHRM PRIMARY CHAPTER DESIGNATION

CHAPTER #: 0499 CHAPTER NAME: Central Valley Human Resource Management Association

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.

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

Member's Signature (Must sign to validate) _____ Date _____

CVHRMA MEMBERSHIP DUES FOR 2011

AMOUNT

National SHRM members: \$30 before 01/31/2011; **\$35** thereafter \$ _____

Non-National SHRM members: \$40 before 01/31/2011; **\$45** thereafter \$ _____

Reminder: If you do not renew your membership, you will be charged the non-member rate for all CVHRMA luncheons and events. (CVHRMA luncheon rates: Members - \$18.00, Non-members - \$25.00)

Make Check payable to: CVHRMA

Please mail Membership Renewal Form and Check to: CVHRMA, Attn: Membership, P.O. Box 579244, Modesto, CA 95355