**Fill out the form below to receive the benefits above.**

**2017 Membership Application**

**Section 1 – Information About You**

First Name:

Last Name:



Certification(s): PHR SPHR GPHR SHRM-CP™ SHRM-SCP™

National SHRM ID#:

**Section 2 – Contact Information**

Position/Title:

Company Name:

Street Address:

City, State, ZIP:

Phone Number: ( ) Ext:

E-mail Address:

**Section 3 – Member Referral Information**

If you were referred by a JCHRMA member, please enter their name below:

Name:

**Section 4 – Optional Demographic Information**

How long have you been an HR professional: 0-1 yr 1-2 yrs 3-4 yrs 5-9 yrs 10-19 yrs 20+ yrs

How many employees does your company employ: 1-49 50-99 100-499 500-999 1000+

How many employees are in the HR department: 0 1-49 50-99 100+

Which of the following best describes your industry?

Banking/Financial Education Health Care Hospitality/Entertainment

Manufacturing Printing Public (municipal/county) Publishing/Newspaper

Service Staffing Agency Other

I am interested in learning about HR certification Yes No

I am interested in volunteering on a committee: Yes No

I am interested in learning about volunteer opportunities: Yes No

**2017 Membership Application**

**Section 5 – Membership Fees**

**2017 Membership Fee Structure**

|  |  |
| --- | --- |
|  | Member Rate |
| Individual | **FREE**  \*$10.00 Meeting Cost, except Summer  Program |
| Student | **FREE** |

**\*At this time, we are unable to process credit card payments.\* Please include both pages of membership application:**

**Please Return this Form at the next Chapter Meeting or mail to the address below:  
  
JCHRMA**

**P.O. Box 307**

**Watertown, WI 53094**

Please contact Emilie Klimeck at emilie@sussek.com with any questions.

**HOW COULD YOU NOT AFFORD TO BE A**

**MEMBER?**