



SHRM Primary Chapter Designation Form

Chapter #0080 **Chapter Name** Human Resource Association of Palm Beach County

Please initial one of the options below:

____ I hereby designate HRPBC as my primary chapter for SHRM membership coding purposes. I understand that:

- (1) This in no way precludes non-primary membership in other chapters.
- (2) This allows SHRM to code my membership to HRPBC for financial support program purposes.
- (3) Dues for 2012 are \$45.00 and I have enclosed my payment.

OR

____ I do not want to designate HRPBC as my Primary Chapter and have enclosed my payment of \$45.00 for my 2012 membership.

Please type or print:

NAME _____ **SHRM MEMBER ID#** _____
SHRM Expiration Date _____

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

NUMBER YEARS IN HR _____ TYPE OF MEMBERSHIP: Professional/Associate/Student (circle one)

COMPANY NAME _____

TITLE _____

WORK ADDRESS _____

CITY/STATE/ZIP _____

PHONE (Business/Home) _____

FAX _____

E-MAIL _____

DATE _____ MEMBER'S SIGNATURE _____

(Member must sign to validate)

RETURN TO:
Chapter Administrator
HRPBC
PO BOX 17016
West Palm Beach, Florida 33416

By pdf to: administrator@hrpbc.org