

SHRM Primary Chapter Designation



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 2010 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 2010 membership.

Please type or print:

NAME _____ SHRM MEMBER ID# _____ SHRM Exp. Date _____
(You must be a **current national** member of the Society for Human Resource Management to complete this form.)

YR YOU ENTERED HR PROFESSION _____ TYPE OF MEMBERSHIP: Professional/Associate/Student (Circle One)

COMPANY NAME _____

TITLE _____

Work Address 1 _____

CITY/STATE/ZIP _____

PHONE# (Business/Home) _____

Home Address 1* _____

Home Address 2 _____

Home City */State*/Zip* _____

Home Phone * _____ Preferred Email * _____

Cell Phone _____ Preferred Mailing Address * Work/Home (Circle One)

DATE _____ MEMBER'S SIGNATURE _____

(Member must sign to validate)

RETURN TO:

Chapter Administrator

HRPBC

P.O. Box 17016

West Palm Beach, FL 33416

Or by pdf to: administrator@hrpbc.org