

## 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 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.
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