

# SHRM Jayhawk Chapter Membership Application

## MEMBERSHIP INFORMATION

Please complete the entire form even if you are renewing your membership with the SHRM Jayhawk Chapter.

Name: \_\_\_\_\_

Certifications:  PHR  SPHR  GPHR  
 Other: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext \_\_\_\_\_ Fax \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Are you a National Member of SHRM?  YES  NO

National Member Number: \_\_\_\_\_

Previous Member of SHRM? \_\_\_\_\_

How did you learn about the SHRM Jayhawk Chapter?  
\_\_\_\_\_  
\_\_\_\_\_

What do you hope to gain from your membership in this organization?  
\_\_\_\_\_  
\_\_\_\_\_

## DEMOGRAPHIC INFORMATION

Company Size: \_\_\_\_\_

Department Size: \_\_\_\_\_

Total Years of HR Experience: \_\_\_\_\_

Education Level: \_\_\_\_\_

Business/Industry: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

## CURRENT HR FUNCTIONS: *check all that apply*

Title: \_\_\_\_\_  
 Generalist  Administrative  
 Recruitment  Benefits  
 Health/Safety  Communications  
 HRIS  Compensation  
 Diversity  Training/Development  
 Consultant  International HRM  
 Org. Development  EEO/Affirmative Action  
 Legal  Labor/Industrial Relations  
 Employee Relations  
 Other: \_\_\_\_\_

## CHAPTER VOLUNTEER INTEREST

- Chapter Membership
- Chapter Communications
- Chapter Website
- Chapter Financial Management
- Chapter Student Relations (College)
- Certification
- Professional Development
- SHRM Foundation
- Legislative Affairs
- School to Work Activities
- Diversity
- Recognition and Networking
- National SHRM and Chapter Partnership
- Volunteerism
- SHRMinar – Annual Seminar held each spring

In consideration of all, we ask that our chapter meetings not be used as an opportunity for business solicitation. While we recognize (and desire) that association through SHRM may result in the development of new customer relationships, it should not be the intended purpose of membership in our chapter. Thank you for your cooperation.

I certify that the information provided in this application is true and correct. If accepted for membership in the SHRM Jayhawk Chapter, I agree to abide by the By-Laws of the Chapter.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## MEMBERSHIP AND PAYMENT INFORMATION

(Please indicate your selections)

\_\_\_\_\_ **\$60 Professional Membership:** Limited to those individuals who are engaged in the human resources profession or human resources education and either have the majority of their job duties in professional HR work; are a full-time consultant with at least three years experience as a practitioner in human resource management or are certified by the Human Resource Certification Institute.

**OR**

\_\_\_\_\_ **\$50 National Membership:** For those individuals who have current professional membership in the Society for Human Resource Management and have designated the Jayhawk Chapter (#486) as their local affiliate.

**OR**

\_\_\_\_\_ **\$60 Associate Membership:** For individuals who do not meet the qualifications of the other classes of membership, but who demonstrate a bona fide interest in human resource management and the mission of the Chapter. Associate Members may not vote or hold office in the Chapter.

\_\_\_\_\_ **\$135 Prepaid Lunches (optional):**  
(\$15 for each of 9 lunches *or* you may pay at the door)

Name to appear on nametag (indicate on line below):

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\$ \_\_\_\_\_ TOTAL AMOUNT ENCLOSED

**Please mail Completed  
Application and Payment to:**

**SHRM Jayhawk Chapter**  
PO Box 442033  
Lawrence, KS 66044  
**CHAPTER MEETING INFORMATION**

The Jayhawk Chapter typically meets on the second Tuesday of each month, from 11:30 a.m. to 1:00 p.m. (Registration begins at 11:10 a.m.) No Lunch Meetings are held in August or December. **Meetings are held at Pachamama's Alton Ballroom, 800 New Hampshire Street, Lawrence, KS 66044.** Cost for the meal is \$15 per person.

## APPLICATION APPROVAL

The Board of Directors approves all applications. Membership in other SHRM affiliated chapters is not transferable to SHRM Jayhawk Chapter.

## SHRM Jayhawk Chapter

PO Box 442033

Lawrence, KS 66044

[www.jayhawkshrm.org](http://www.jayhawkshrm.org)

AFFILIATE OF



SOCIETY FOR  
HUMAN  
RESOURCE  
MANAGEMENT