



**Northern Michigan Society for Human Resource Management
APPLICATION FOR MEMBERSHIP**

Name: _____ Company: _____

Title/Position: _____ Number of Employees: _____

Nature of Business: _____

Business Address: _____

Business Phone: _____ Fax: _____

E-mail: _____

Home Address: _____

Home Phone: _____ Home E-mail: _____

Current membership in the Society for Human Resource Management (SHRM) is required to be considered for Membership in the local Chapter.

SHRM Membership Number _____

Check the functions you are engaged in on a regular basis for your employer:

- | | |
|--------------------------------------|--------------------------------|
| _____ Benefits Administration | _____ Labor Negotiations |
| _____ Wage and Salary Administration | _____ Grievance Handling |
| _____ Recruitment | _____ Training and Development |
| _____ Safety | _____ EEO |
| _____ Job Analysis | _____ Affirmative Action |
| _____ HR Policy Formation | _____ Employee Relations |
| _____ Recordkeeping/Employee Records | _____ Employee Manuals |

Other Areas of Expertise/Interest in the Human Resource Field: _____

ANNUAL NMSHRM MEMBERSHIP DUES

_____ \$70 for Primary Company Member (one)

_____ \$50 for Secondary Company Members

_____ \$25 for Student Members, school enrolled _____

_____ \$Total Enclosed

Please send this form along with check or money order (payable to NMSHRM) to:

NMSHRM
P.O. Box 100
Petoskey, MI 49770

I hereby apply for Membership in the Northern Michigan Chapter of the Society for Human Resource Management and agree to pay the annual dues set according to the by-laws. I pledge to uphold and abide by the by-laws and to assist in carrying out the objectives of this Chapter.

Signature _____ Date _____

For more information on The National Society for Human Resource Management visit: www.shrm.org
For information regarding the Northern Michigan Chapter visit: <http://nomi.shrm.org>

For Association Purposes

Date Application Received _____ Membership Date _____

Board Review: Approved _____ Not Approved _____

Dues Paid:

\$ _____ Primary Member \$ _____ Secondary Member