

2022 MEMBERSHIP APPLICATION

This is a: ☐ New Membership ☐ Membership Renewal

Name		Job Title	
Organization Name		Business Street Address	
City	State	Zip Code	
Mailing Address (if different)			
Business Telephone	Fax Number	E-mail	

Current National SHRM Member: YES or NO (Must be SHRM member to join)		<input type="checkbox"/> SHRM Professional Member <input type="checkbox"/> SHRM Associate Member
<input type="checkbox"/> Interested In SHRM Membership (application with discounted dues available)	Professional Accreditations <input type="checkbox"/> PHR <input type="checkbox"/> SPHR <input type="checkbox"/> GPHR <input type="checkbox"/> Other: _____ <input type="checkbox"/> SHRM-CP <input type="checkbox"/> SHRM-SCP	

The next two sections are not required for membership renewals.

Provided below is a description of WTSHRM Membership Requirements. Briefly describe the principal responsibilities of your current position:
Briefly describe your professional background:

<input type="checkbox"/> WTSHRM Annual Membership Dues \$25 (National SHRM Membership Required--Discount Available Through WTSHRM)		
Total Due: \$	Signature	Date

Please make check payable to: WTSHRM

This completed application may be submitted at a monthly association meeting or mailed to:

WTSHRM, P.O. Box 10746, Jackson, TN 38308