

## **2022 MEMBERSHIP APPLICATION**

This is a: ☐ New Membership ☐ Membership Renewal

Name		Job Title				
Organization Name		Business Street Address				
City		State			Zip Code	
city		State			1.0000	
Mailing Address (if different)		•				
Business Telephone	Fax Number			E-mail		
	•					
Current National SHRM Member: YES or NO (Must be SHRM member to join)						
☐ Interested In SHRM Membership (application with discounted dues available)			Professional Accreditations			
			☐ PHR ☐ SPHR ☐ GPHR ☐ Other:			
			☐ SHRM-CP ☐ SHRM-SCP			
The next two sections are not req	quired for membership renewals					
	of WTSHRM Membership Requiremen	ts. Briefl	ly describe tl	ne principal responsib	pilities of your current position:	
•	·		•		·	
Briefly describe your profession	nal background:					
☐ WTSHRM Annual Membership Dues \$25 (National SHRM Membership RequiredDiscount Available Through WTSHRM)						
	, , ,				,	
Total Due:	Signature			Dat	te	
\$	-					
				1		

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



Membership is restricted to Individuals engaged in human resource management with at least three years of experience at the exempt level; or any individual certified by the Human Resource Certification Institute; or any faculty member with three or more years experience holding at least assistant professorial rank in HR; or full-time consultants with at least three years experience as an HR practitioner; or full-time attorneys with at least three years experience in counseling and advising clients on matters relating to the HR profession.

Business Use Uniy						
Rec'd/						
Amt. Pd						
Apprv						
Let. Mld						