



CHECK ONE:	
New Member	<input type="checkbox"/>
Membership Renewal	<input type="checkbox"/>

**SHRM of Tulare Kings County
2008 Membership Application**

Application Date: _____		National Member No. _____		Exp. date _____	
Last Name: _____		First Name: _____		Middle Initial: _____	
Function: Generalist _____		Employment Recruitment _____		Benefits/Compensation _____	
Health/Safety/Security _____		Legal _____		Employee Relations _____	
Other (Explain) _____					
Membership Categories: <u>Please check one.</u> <input type="checkbox"/> Professional Member 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 professional rank in HR; or full-time consultant 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. Professional Members have voting rights and may hold office in the Society.			<input type="checkbox"/> Student Member Individuals enrolled either as a full time or part-time student, at freshman standing or higher; enrolled in the equivalent of at least six credit hours; enrolled in a four -year or graduate institution and /or a consortium of these or a two year community college with a matriculation agreement between it and a four-year college or university which provides for automatic acceptance of the community college students into the four year college or university; or able to provide verification of a demonstrated emphasis in human resource management subjects and able to provide verification of the college or university's human resources or related degree program. Student members may vote but may not hold office in the chapter.		
<input type="checkbox"/> Associate Member Individuals in non-exempt human resource management positions as well as those who do not meet any of the foregoing categories, but have a bonafide interest in human resource management. Associate Members have voting rights and may hold office in the Society.					
**COMPLETE ALL SECTIONS BELOW **					
Company Name: _____			Home Mailing Address: _____		
Company Address: _____			Street Address: _____		
City, State, Zip: _____			City, State, Zip: _____		
Company E-Mail _____			Home E-Mail: _____		
Company Phone: _____			Home Phone: _____		
Company Fax: _____			Cell Phone: _____		
Please send notice to: <input type="checkbox"/> Business E-Mail		<input type="checkbox"/> Home E-Mail		<input type="checkbox"/> Other _____	
Certification: <input type="checkbox"/> PHR <input type="checkbox"/> SPHR <input type="checkbox"/> CA -SPHR			Education: _____		
Years in Current Position: _____			Type of Business or Industry: _____		
Referred by: _____			Co. Size: 50 or less _____ 50 to 100 _____ Over 100 _____		
Gender (Optional): F _____ M _____			Department Size: _____		
Birth Date (Optional) _____			Job Title: _____		
If you are interested in volunteer work in the chapter, please indicate the areas for leadership/participation by checking one or more of the boxes below.					
<input type="checkbox"/> Accreditation		<input type="checkbox"/> Legislation		<input type="checkbox"/> Publicity	
<input type="checkbox"/> Job Info. Exchange		<input type="checkbox"/> Membership		<input type="checkbox"/> Workshops/Conferences	
<input type="checkbox"/> Prof. Dev. Committees		<input type="checkbox"/> Programs		<input type="checkbox"/> Chapter Board	

ANNUAL DUES

Membership year runs from January through December. Annual dues are \$60.00. If you are a National SHRM member, dues will be reduced to \$50.00, or see attached for additional payment options. *You must provide us with your National SHRM membership number and **attach a copy of your membership card** in order to receive the discount.* Membership in good standing is contingent upon the timely payment of annual dues. **Checks should be made payable to SHRM of Tulare Kings County** and sent with this application to the following address:

SHRM of Tulare Kings County, P.O. Box 1044, Visalia, CA 93279.

Questions: Contact Connie Laster V.P. Membership, connie@bminc.com or call 635-3525