SHRM Primary Chapter Designation

Chapter #_____ Chapter Name_____

I hereby designate the above named chapter as my primary chapter for SHRM membership coding purposes. I understand that:

1. This in no way precludes membership in other chapters.

2. This allows SHRM to list my membership to this chapter for financial support program purposes only.

Please type or print:

NAME_____ SHRM MEMBER ID#_____
(You must be a **current national** member of the Society for Human Resource Management to complete this form.)

COMPANY NAME_____

ADDRESS_____

_____

CITY/STATE/ZIP_____

PHONE# _____

FAX _____

E-MAIL _____

DATE _____ MEMBER'S SIGNATURE_____

(Member must sign to validate)

Please fax to:

Member Relations
Fax: (703) 739-0399