



SHRM Primary Chapter Designation

Chapter #: **098** Chapter Name: **Human Resource Association of Broward County**

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 my membership in other chapters.
- (2) This allows SHRM to list my membership to this chapter for financial support program purposes only.

NAME _____ MEMBER ID # _____

(You must be a current member of the Society for Human Resource Management to complete this form.)

COMPANY _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE# (Bus/Home) _____

DATE _____ MEMBER'S SIGNATURE _____

(Member must sign to validate)

Please fax to: Member Relations
Fax: 954.333.4541