

HR Association of Palm Beach County

Chapter #0080 Chapter Name Human Resource Association of Palm Beach County

Please initial one of the options below:

___ I hereby designate HRPBC as my primary chapter for SHRM membership coding purposes. I understand that:

- (1) This in no way precludes non-primary membership in other chapters.
- (2) This allows SHRM to code my membership to HRPBC for financial support program purposes.

OR

___ I do not want to designate HRPBC as my Primary Chapter and understand that I will charged a \$45 new membership or renewal fee. Whichever one is applicable.

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

Please type or print:

NAME _____

SHRM Member ID# _____ SHRM Expiration Date: _____

NUMBER YEARS IN HR _____ TYPE OF MEMBERSHIP (Circle one): Professional/Associate/Student

COMPANY NAME _____

TITLE _____

WORK ADDRESS _____

CITY/STATE/ZIP _____

PHONE (Business/Home) _____

EMAIL _____ FAX _____

Member's Signature (required): _____ **Date:** _____

Return by email, fax, or regular postal mail:

Email: membership@hrpbc.org

or Fax – 561-420-0121

or Postal mail: HRPBC

Attention: Chapter Administrator

P.O. BOX 17016

West Palm Beach, Florida 33416

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