



Chapter # \_\_0136\_\_ Chapter Name: Portland Human Resource Management Association\_\_

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 send to: PHRMA, Attn: Jill Dyck, PO Box 68749, Portland OR 97268

Fax #: 503-655-6490; Email: [businessmgr@portlandhrma.org](mailto:businessmgr@portlandhrma.org)