

Please print and complete both sides of the application, include the membership fee and required documentation.

San Diego Society for Human Resource Management Membership Application

Name: _____

Title: _____ Type of Business/Service: _____

Company: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Work #: _____ Fax #: _____

E-mail: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Home Fax #: _____

Send mail to: Work Home

TYPE OF MEMBERSHIP SOUGHT: Professional General Associate Student

If you do not qualify for the type of membership checked above, will you accept designation in a more appropriate membership category? Yes No

National SHRM Membership Number: _____

Membership in other SHRM affiliates (please specify): _____

TITLE LEVEL CODE

Check the box below which best fits your title (position)

- President
- Vice President
- Asst. Vice President
- Director
- Manager
- Asst. Director/Manager
- Supervisor
- HR Administrator/Rep
- Professor/Assoc./Asst.
- Consultant in HR
- Student
- In Transition
- Other _____

CERTIFICATIONS -

- PHR
- SPHR
- CCP
- CBP
- CEBS
- HRSP
- Other _____

Please complete the following demographic information.

FUNCTIONS

Rank your area of responsibility (one is highest)

- Benefits _____
- Compensation _____
- Diversity _____
- Employee Relations _____
- Employment _____
- Generalist _____
- HR Consultant _____
- HRIS _____
- Health & Safety _____
- Labor - Employment Law _____
- Labor Relations _____
- Organizational Development _____
- Personnel Research _____
- Professor _____
- Student _____
- Training & Development _____
- Vendor _____
- Workers' Compensation _____

ORGANIZATION SIZE -

- Less than 50
- 50 - 99
- 100 - 499
- 500 - 999
- 1000 - 2499
- 2500 +
- 5000 and over

EDUCATION -

- High School
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- MBA
- Ph.D.
- J.D.

YEARS OF EXPERIENCE -

- 0 - 3 years
- 4 - 6 years
- 7 - 10 years
- 11 - 15 years
- 16 + years

The following information is used only to measure membership diversity.

AGE GROUP -

- 20 - 29
- 30 - 39
- 40 - 49
- 50 - 59
- 60 - 69
- 70 +

ETHNICITY AND RACE -

- Hispanic or Latino
- American Indian or Alaskan Native (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- Black or African American (not Hispanic or Latino)
- Native Hawaiian or other Pacific Islander (not Hispanic or Latino)
- Two or more races (not Hispanic or Latino)
- White (not Hispanic or Latino)

GENDER -

- Female
- Male

FLSA -

- EXEMPT
- NON-EXEMPT

Application continues on the reverse side. Please complete in full.

SD SHRM Membership Application continued ...

Please attach a resume or CV to familiarize us with your background and the level and scope of your experience and present or most recent position. This information is reviewed by the Membership Committee to verify your eligibility for membership and to designate the appropriate membership category.

We will be unable to process your application without the appropriate supporting documentation.

Name and phone number of current Supervisor or individual who can attest to your professional credentials:

Reference Name: _____

Daytime Phone #: (____) _____ FAX: _____

E-mail: _____

I hereby apply for membership in the San Diego Society for Human Resource Management. I recognize and accept the responsibilities incumbent upon me as a member of SD SHRM and I agree to support the objectives of the organization.

Signed: _____

Date: _____

MEMBERSHIP COMMITTEE USE ONLY	
Verified by: _____	Date: _____
Application status: ___ Approved ___ Disapproved	
Date: _____	
Type of membership:	
_____ Professional _____ General	
_____ Associate _____ Student	

SD SHRM Phone 866.632.1492
Fax 619.243.1353

Application Process - Please allow approximately three weeks from receipt of your application for processing.

Please return completed application, resume or CV and check in the appropriate amount payable to SD SHRM. Student memberships must be accompanied by verification of enrollment. Membership in SHRM renews as of your anniversary date, e.g., if you join in November your membership renews on December 1st the following year.

PLEASE BE SURE TO ENCLOSE THE FOLLOWING:

- _____ This completed application form
- _____ Resume, CV, or enrollment verification (**required**)
- _____ \$150 SD SHRM membership fee (\$25 non-refundable processing fee & \$125 for annual dues) or
- _____ \$50 (\$25 non-refundable) for local student membership

Credit Card Number: _____

Expiration Date: _____ **Plus 2 1/2 % Processing Fee**

CVC code _____

Signature _____

Billing Address _____

NOTE- National Members - Please designate SD SHRM Chapter #130 as your Primary Chapter on your SHRM application.

Dues are normally deductible as an ordinary and necessary business expense but are not deductible as a charitable contribution for Federal income tax purposes.

Upon approval of your application, you will receive a new member kit that includes a Certificate of Membership, New Member Name Tag to wear to your first meeting, and your SD SHRM Pin.

HOW DID YOU HEAR ABOUT SD SHRM?

Member Member Name: _____

Company Referral Referring Individual: _____

SD SHRM Meeting: How many attended? _____



MAIL TO:

**SAN DIEGO SOCIETY FOR
HUMAN RESOURCE MANAGEMENT**
409 Washington St, Suite A
Cedar Falls, IA 50613

Attention: Membership

