Name: Application Type: NEW / RENEWAL

Organization Name: Job Title:

Mailing Address: City/State/Zip:

Phone: Fax: Email:

Certification: National SHRM Member: yES / no SHRM Membership No:

***FV-SHRM LEADERSHIP VOLUNTEER:*** I would be willing to serve as a volunteer leader yes / no

**MEMBERSHIP DUES -** The FV-SHRM membership year is from January 1 through December 31.

***Board Members*** - $50.00 per year

**Individual Membership**

***Early Bird*** (paid by January 1) - $75.00 per year per person

***Early Bird Libby Satellite Attendee Only*** (paid by January 1) - $37.50 per year per person

***Regular*** (paid after January 1) -$100.00 per year per person

***Libby Satellite Attendee Only*** (paid after January 1) -$50.00 per year per person

**Corporate Membership (must be from same company)**

***Early Bird*** (paid by January 1) - $75.00 per year per person for first two members, $37.50 per each additional member.

***Early Bird Libby Satellite Attendee Only*** (paid by January 1) - $37.50 per year per person for first two members, $18.75 per each additional member.

***Regular*** (paid after January 1) - $100.00 per year per person for first two members, $50.00 per each additional member.

***Libby Satellite Attendee Only*** (paid after January 1) - $50.00 per year per person for first two members, $25.00 per each additional member.

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| **Pay By Check** |  |
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| Please do not e-mail, rather, PRINT and MAIL completed form and payment to:  Flathead Valley SHRM, P.O. Box 9932, Kalispell, MT 59904  Make checks payable to: FV SHRM | |

I hereby apply for membership in the Flathead Valley Chapter of the Society for Human Resource Management and upon acceptance of my application for membership by the Executive Board, agree to pay the membership dues as described herein.

*Applicant or Member Signature Date*

**FV Chapter SHRM Internal Use**

**Membership:**  Approved  Denied **Dues received:** **Date:** **Check #:**

Regular Membership  Retired Membership  Student Membership **Check Issuer:**

*Vice President of Membership Signature Date Date*