



# 2018 Flathead Valley SHRM Chapter Membership Application



<b>NAME:</b>		<b>NEW</b>	<b>RENEWAL</b>
<b>ORGANIZATION NAME:</b>		<b>PHONE:</b>	
<b>JOB TITLE:</b>		<b>MAILING ADDRESS:</b>	
<b>EMAIL:</b>		<b>CITY/STATE/ZIP:</b>	
<b>CERTIFICATIONS:</b> CP      SCP      PHR      SPHR	<b>SHRM NATIONAL MBR:</b> YES      NO	<b>SHRM NATIONAL MEMBERSHIP #:</b>	

**MEMBERSHIP PRICING PRIOR TO JANUARY 1, 2018 (RENEW NOW FOR EARLY BIRD DISCOUNTS!!):**

Early Bird Regular Membership for SHRM National Members	\$80.00
Early Bird Regular Membership for non-SHRM National Members	\$100.00
Satellite Membership for SHRM National Members (Libby)	\$40.00
Satellite Membership for non-SHRM National Members (Libby)	\$50.00
Student Membership (Enrolled in HR related field with 6 credit minimum; submit proof with application)	\$60.00
Board Membership (must be an active board member in good standing for 2018)	\$50.00

**MEMBERSHIP PRICING AS OF JANUARY 1, 2018:**

Regular Membership for SHRM National Members	\$115.00
Regular Membership for non-SHRM National Members	\$135.00
Satellite Membership for SHRM National Members (Libby)	\$40.00
Satellite Membership for non-SHRM National Members (Libby)	\$50.00
Student Membership (Enrolled in HR related field with 6 credit minimum; submit proof with application)	\$60.00
Board Membership (must be an active board member in good standing for 2018)	\$50.00

**FV-SHRM LEADERSHIP VOLUNTEER:** I would be willing to serve as a volunteer leader      YES      NO

**Pay By Check**  
 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    Satellite Membership    Student Membership    Board      **Check Issuer:**

\_\_\_\_\_      \_\_\_\_\_  
*Vice President of Membership Signature      Date*