2021 Flathead Valley SHRM Chapter Membership Application

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

MEMBERSHIP PRICING PRIOR TO JANUARY 1, 2021 (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

MEMBERSHIP PRICING AS OF JANUARY 1, 2021:

☐ Regular Membership for SHRM National Members	$115.00
☐ Regular Membership for non-SHRM National Members	$135.00

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

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

Pay By Credit Card: *(Application still required if paying by credit card. Click here to pay; then sign and click the submit button below.)*
Please pay online @ https://flathead.shrm.org/join-now

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*
(Electronic Signatures are accepted.)

SUBMIT FORM

FV Chapter SHRM Internal Use

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

☐ Regular Membership ☐ Satellite Membership ☐ Student Membership ☐ Board **Check Issuer:**

Vice President of Membership Signature *Date*