



Western KY Society for Human Resource Management

Membership Application

January 1 – December 31, 2022

Name: _____

Home Address: _____

City/State/Zip: _____

Home Phone: _____ **Home E-mail:** _____

Employer Name: _____

Job Title: _____

Work Address: _____

City/State/Zip: _____

Work Phone: _____ **Ext.** _____

Work Fax: _____ **Work E-mail:** _____

Where would you prefer mail to be sent? Work Home

Where would you prefer email to be sent? Work Home

Are you a current member of the National Society for Human Resource Management (SHRM)?

No Yes: Member Number: _____

Expiration Date: _____

Are you certified by the Human Resources Certification Institute (HRCI) or SHRM?

No Yes If, yes, which designation? PHR SPHR GPHR SHRM-CP

SHRM-SCP

Enclose a check for one of the following: (choose only one)

\$50.00 **Local/Associate Chapter Membership** – WKYSHRM Chapter Member only

OR

\$25.00 **Local Chapter Membership** – Reduced for National SHRM Member

(Please be sure to complete membership information above.)

OR

\$0.00 **Retired Membership** or **Student Membership**

OR

\$150.00 **Local/Associate/Organization/Vendor Chapter Membership** – WKYSHRM

Chapter Member only (This membership allows for up to 3 members of the organization to attend each monthly meeting)

Please take time to list any topics you would like to hear about as well as list any good speakers that you or your company would recommend.

I hereby apply for membership in the Western KY Society for Human Resource Management and agree to adhere to its Bylaws

Members will maintain the highest standards of professional and personal conduct.

- Members will strive for personal growth in the field of human resource management.
- Members will maintain confidentiality of privileged information.
- Members will refrain from using their official positions, either regular or volunteer, to secure special privilege, gain or benefit for himself/herself.

Signed: _____ **Date:** _____

If you have any questions concerning membership, please contact Mitzi Noel at (270) 522-1070

Please mail completed application and fee (if applicable) to:

Western KY-SHRM
P.O. Box 326
Hopkinsville, KY 42241
www.westernkentuckyshrm.org