**Western KY Society for Human Resource Management**

**Membership Application**

January 1 – December 31, 2017

**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)?

⬜ No ⬜ Yes If, yes, which designation? ⬜ PHR ⬜ SPHR ⬜ GPHR

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.***

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## 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 Joshua Mosby at

(270) 887-4160 ext. 122 or Mitzi Noel at (270) 522-6653 ext.225.

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

#### Western KY-SHRM

#### P.O. Box 326

##### Hopkinsville, KY 42241

www.westernkentuckyshrm.org