

## CHAPTER APPLICATION FORM

Our records indicate that although you are a SHRM member, you are not affiliated with your local chapter, the *Northern Alaska SHRM chapter*. **There is no charge to designate the chapter.**

Chapter #0453 Chapter Name Northern Alaska SHRM Chapter

I hereby designate the above named chapter as my primary chapter for SHRM membership coding purposes.

1. This in no way precludes membership in other chapters.
2. This allows SHRM to list my membership to this chapter for financial support program purposes only.

NAME		SHRM MEMBER ID#	
------	--	-----------------	--

(You must be a current national member of the Society for Human Resource Management to complete this form.)

COMPANY NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
EMAIL \_\_\_\_\_

DATE \_\_\_\_\_ MEMBER SIGNATURE \_\_\_\_\_

(Member must sign to validate)

**Please return form to**  
**[northernakmembership@yahoo.com](mailto:northernakmembership@yahoo.com)**