



ALASKA SHRM STATE COUNCIL

Membership Drive



SHRM PRIMARY CHAPTER APPLICATION FORM

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

I hereby designate the below 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.

CHAPTER	<input type="checkbox"/> 200 Anchorage	<input type="checkbox"/> 0533 MatSu	<input type="checkbox"/> 0453 Northern AK	<input type="checkbox"/> 0357 Southeast AK
NAME			SHRM ID#	
TITLE				

(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 _____

PHONE NUMBER _____

DATE _____

MEMBER
SIGNATURE



(Member must sign to validate)



Submit by October 30, 2018 and be eligible to win an iPad. Drawing to be held in early November.

Return to akshrm@akshrm.org