

Membership Application

Date:

Member Information

Full Name: Certification Designation:

Last *First* *M.I.*

Home Address: *Apartment/Unit #/Suite*

Street Address *City* *State* *Zip Code*

Home Phone: (____) _____ - _____ Email Address:

Company: Title:

Work Address: *Zip Code*

Street Address *City*

Work Phone: (____) _____ - _____ Mailing Address: Home
Work

How did you hear about us?

Are you a member of SHRM? No Yes, Member # Expiration Date:

**Note: DCSHRM is 100% Chapter, therefore you must also be an active member of SHRM to become a member of DCSHRM*

DCSHRM sends periodic email notifications of HR related programs, learning opportunities and conference information. DCSHRM also takes photographs at events to use for promotion via electronic newsletters, website material and printed promotions. By signing this application, you consent to accept such notifications.

Signature: Date: