## Ponca City Area Society for Human Resource Management

Please complete this form and email to roberth@pioneertech.edu

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| Today’s Date: [Date] |

MEMBER INFORMATION

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| --- |
| Last name: [Last Name] First: [First Name] Middle: [Initial] [Choose an item] |
| Address: [Address/ P.O Box, City, ST ZIP Code] |
| Email address: [Email] |
|  Employer:[Employer] | Mailing Address:[Mailing Address] | Phone #[Phone Number] |
|  Are you a SHRM Member  | Expiration Date[Date] | SHRM Member # |
| Are you PHR or SPHR Certified? | Expiration Date[Date] |
| Choose an item. |

 GENERAL INTEREST INFORMATION

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|  Which committee would you like to serve on?Choose an item. Comments: Click here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I, the undersigned, am applying for membership in the local SHRM Chapter. I pledge to practice and uphold the ethics of the profession and to abide by the bylaws of the Chapter. I understand that membership in the Chapter is granted to the individual named on the application and is nontransferable. Further, I agree that I will not use my membership to solicit business for my company or my employer. |

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|  |  |  |  |  |
|  | Signature of Applicant |  | Date |  |

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Laurie Wedd, Treasurer – 580-718-9990

Rita Gravel, President-Elect – 580-765-9994

Robert Howard, President – 580-718-4239

Stan Bowman, Membership – 580-762-4156

**PCA-SHRM DUES - $35.00 PER YEAR**

**NATIONAL SHRM DUES - $180.00 PER YEAR**