

PO Box 633 • Germantown, MD 20875 • web: mcshrm.shrm.org • email: mcshrm@gmail.com

## Membership Application

### Personal Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Jr., Sr., Ph.D., etc.: \_\_\_\_\_ Name Preferred on Name Tag: \_\_\_\_\_

Certification(s): (SHRM-CP, SHRM-SCP, PHR, SPHR, etc.,) \_\_\_\_\_

SHRM National Membership ID *(required)*: \_\_\_\_\_  
*To join SHRM, please call 1-800-283-SHRM or visit SHRM.ORG*

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address

Street: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Company Information

Company/Organization Name: \_\_\_\_\_

Title: \_\_\_\_\_

Work Address

Street: \_\_\_\_\_ Suite/Office: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### SHRM National Membership

ID#: \_\_\_\_\_ *To join SHRM National, please call 1-800-283-SHRM*

If you recently applied for SHRM National Membership and have not yet received word of acceptance, indicate the date you mailed your application: \_\_\_\_\_





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**How did you learn about Montgomery County SHRM?**

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**Membership Profile**

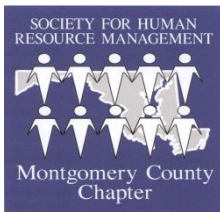
**Please use a 1 to indicate your primary areas of responsibility and a 2 to indicate your secondary areas:**

<input type="checkbox"/>	HR Generalist	<input type="checkbox"/>	Compensation	<input type="checkbox"/>	Employee/ Labor Relations
<input type="checkbox"/>	Employment	<input type="checkbox"/>	Benefits	<input type="checkbox"/>	International
<input type="checkbox"/>	Training and Development	<input type="checkbox"/>	HRIS	<input type="checkbox"/>	Organizational Development
<input type="checkbox"/>	Other (please explain)				

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**Please indicate the following:**

<input type="checkbox"/>	<b>Business and Industry</b>	<input type="checkbox"/>	<b>Company Size</b>	<input type="checkbox"/>	<b>Experience</b>
<input type="checkbox"/>	Health Care	<input type="checkbox"/>	Less than 100	<input type="checkbox"/>	Less than 1 year
<input type="checkbox"/>	Information Tech/ Telecomm	<input type="checkbox"/>	100 – 499	<input type="checkbox"/>	1 to 5 years
<input type="checkbox"/>	Education	<input type="checkbox"/>	500 – 1999	<input type="checkbox"/>	6 to 10 years
<input type="checkbox"/>	Financial/ Insurance/ Real Estate	<input type="checkbox"/>	2000 – 4999	<input type="checkbox"/>	10+ years
<input type="checkbox"/>	Utilities	<input type="checkbox"/>	5000 and over	<input type="checkbox"/>	Retired
<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>	<b>Organizational Level</b>	<input type="checkbox"/>	<b>Management Level</b>
<input type="checkbox"/>	Transportation	<input type="checkbox"/>	Plant/Branch	<input type="checkbox"/>	Executive
<input type="checkbox"/>	Retail	<input type="checkbox"/>	Region	<input type="checkbox"/>	Manager
<input type="checkbox"/>	Association	<input type="checkbox"/>	Division	<input type="checkbox"/>	Supervisor
<input type="checkbox"/>	Consulting	<input type="checkbox"/>	Corporate Headquarters	<input type="checkbox"/>	HR Professional Staff
<input type="checkbox"/>	Government	<input type="checkbox"/>	Subsidiary Headquarters	<input type="checkbox"/>	Consulting
<input type="checkbox"/>	Hospitality/ travel	<input type="checkbox"/>	Independent Contractor	<input type="checkbox"/>	<b>Other</b>
<input type="checkbox"/>	Professional Services	<input type="checkbox"/>	<b>Other</b>		
<input type="checkbox"/>	Consulting Firm				
<input type="checkbox"/>	High Tech				
<input type="checkbox"/>	<b>Other</b>				



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**Please indicate any interest in chapter volunteer opportunities:**

<input type="checkbox"/>	Programs	<input type="checkbox"/>	Membership	<input type="checkbox"/>	Communications
<input type="checkbox"/>	Legislative Affairs	<input type="checkbox"/>	Professional Development	<input type="checkbox"/>	Community Liaison
<input type="checkbox"/>	Student Chapter	<input type="checkbox"/>	Hospitality/Logistics		

**I certify that the information provided is true and correct. If accepted for membership in Montgomery County SHRM, I agree to abide by the Constitution, By-Laws and the Code of Ethics of the Chapter.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Applications are viewed regularly and approved for membership by the procedures contained in the Chapter Constitution and By-Laws and contingent upon payment of dues. Newly affiliated members are notified when their applications are accepted by the chapter.*

**Please mail your application and dues to:**

Montgomery County SHRM  
Attention Membership  
PO Box 633  
Germantown, MD 20875