INVOICE – MEMBERSHIP DUES – 2022

Please attach membership application with invoice and payment

Member’s Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Business Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Membership is renewed annually beginning in January and dues must be paid in full no later than March 31st. *Dues are nonrefundable and not prorated throughout the year. Membership dues must be paid to attend virtual meetings.*** | **Cost** | | **$** | **If SHRM member enter # ⇩** |
| ***Select One*** |  | **National Member**  *To select national member, you should already be a member and will need to provide your SHRM member #.* | ***Select One*** | $50.00 |  | **SHRM Member #:** |
|  | **Local Member** (no SHRM national number required.) | $75.00 |  |  |
|  | **Student** (Currently enrolled or within 6 months of graduation) | $35.00 |  |  |
|  | | | | | | |
| ***Lunches***  ***(Select One)*** |  | **Prepay:** 9 meals @ $15.00 each (monthly luncheon beginning Feb. 2022, excludes, Annual HR Forum and Holiday Celebration) | $135.00 | |  |  |
| **Pay At Meeting:**  Cost of lunch if paid at time of each meeting   * Members - $20 * Nonmembers: $25 |  | |  |
|  | | | **TOTAL DUE** | |  |  |
| *Please complete one Invoice and Application for* ***each*** *member.*  *Multiple payments may be made with one check, please note each name with check.*  **Payments may can be made at the monthly meeting upon check in. If other arrangements are needed please reach out to treasurer Syndi Vollmuth svollmuth@dsisecurity.com** | | | | | | |

**2022 MEMBERSHIP APPLICATION/UPDATE**

Member’s Name: SHRM Membership #:

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_ Fax Number: \_\_\_\_\_

Email Address:

WHRMA officers have my permission to release my contact information to other WHRMA members, guest speakers, and forum participants. If this is true, please initial \_\_\_\_\_

Type of Business:

Products/Services:

Number of Employees Locally: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total: \_\_\_\_\_

Your Position: \_\_\_\_\_\_\_\_\_\_

Primary Responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Program interests:** Please check important topics of interest to you and your company.

Education \_\_\_\_\_\_ Legal \_\_ \_\_\_ Safety \_\_ \_\_\_

Employee Assessment \_\_\_\_\_\_ Time Management \_\_\_\_\_\_ Global HR \_\_\_\_\_\_

Benefits \_\_\_\_\_\_ Quality Control \_\_\_\_\_\_ Stress/Health \_\_\_\_\_\_

Train/Development \_\_\_\_\_\_ Recruiting \_\_\_\_\_\_ Worker’s Comp. \_\_ \_\_\_

Mgmt Philosophies \_\_\_\_\_\_ Retirement Benefits \_\_\_\_\_\_ Others: \_\_\_\_\_\_

Retention \_\_\_\_\_\_ Diversity \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Member Signature Date**

Please forward membership application to Membership chair Jessica Sanders- [jsanders@prdothan.com](mailto:jsanders@prdothan.com) or bring to monthly meeting and drop off at check in table.