



# Wiregrass Human Resource Management Association

PO Box 10397, Dothan, AL 36304  
[whrma.shrm.org](http://whrma.shrm.org)

## INVOICE – MEMBERSHIP DUES – 2018

Please attach membership application with invoice and payment

Member's Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

	Membership is renewed annually beginning in January and dues must be paid in full no later than March 31 <sup>st</sup> . Dues are nonrefundable and not prorated throughout the year.	Cost	\$	If SHRM member enter # ↓
<i>Select One</i>	<b>National Member</b> (To select national member you should already be a member of SHRM since a SHRM member number is needed.)	<i>Select One</i>	\$50.00	SHRM Member #: _____ ↑
	<b>Local Member</b> (no SHRM national number required.)		\$75.00	
	<b>Student</b> (Currently enrolled or within 6 months of graduation)		\$35.00	
<i>Lunches (Select One)</i>	<b>Prepay:</b> 9 meals @ \$15.00 each (monthly luncheon beginning Jan 2018, excludes one Legal Roundtable, Annual HR Forum, and Holiday Celebration)		\$135.00	
	<b>Pay At Meeting:</b> Cost of lunch if paid at time of each meeting: <ul style="list-style-type: none"> <li>• Members - \$20</li> <li>• Nonmembers: \$25</li> </ul>			
		<b>TOTAL DUE</b>		

Please complete one Invoice and Application for each member.

Multiple payments may be made with one check as long as invoices are mailed together.

Payments may be mailed to: WHRMA, PO Box 10397, Dothan, AL 36304



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## 2018 MEMBERSHIP APPLICATION/UPDATE

Member's Name: \_\_\_\_\_

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

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

Business Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

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 \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Products/Services: \_\_\_\_\_

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

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

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

SHRM Membership number: \_\_\_\_\_

**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 **invoice & application form** with check to:

Wiregrass HRM Association  
PO Box 10397  
Dothan, AL 36304