

**Lakeshore Area Human Resources Association**  
**1/2018 - 12/2018 Membership Application**

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

Membership Application for: \_\_\_\_\_ Professional \_\_\_\_\_ Student \_\_\_\_\_ Transitional

I am currently a member of SHRM National. My ID # is: \_\_\_\_\_

I currently hold: SHRM-CP \_\_\_\_\_ SHRM-SCP \_\_\_\_\_ Other Certification(s) \_\_\_\_\_

Job Title: \_\_\_\_\_ Company: \_\_\_\_\_

Supervisor Name and Position: \_\_\_\_\_

Work Street Address: \_\_\_\_\_

Work Mailing Address: \_\_\_\_\_

Work City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work E-mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home E-mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Please circle the LAHRA core leadership committee(s) you would like to participate in:

College Relations	Diversity & Inclusion	Government Affairs	Membership
SHRM Certification	SHRM Foundation	Workforce Readiness	

Do you have interest in a Board Position? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have interest in becoming SHRM-CP or SHRM SCP certified? Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby apply for membership in the Lakeshore Area Human Resources Association and agree to pay the current applicable membership dues. I pledge to uphold and abide by the by-laws and to assist in carrying out the objectives of the Chapter.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETURN THIS FORM WITH PAYMENT TO:** [lahrashrm@gmail.com](mailto:lahrashrm@gmail.com) or mail to LAHRA, P.O. Box 354, Manitowoc, WI 54221-0354. Deadline to submit payment for membership is November 30, 2017.

**LAHRA Annual Membership Dues Invoice  
January 1<sup>st</sup>, 2018 - December 31<sup>st</sup>, 2018**



Member Name: \_\_\_\_\_

SHRM Member ID (if applicable): \_\_\_\_\_

Company: \_\_\_\_\_

**Please Choose Both Your Membership Type & Meeting/Program Fees**

**1. Membership Options - Required**

LAHRA Professional Member w/ SHRM Membership Discount	\$ 25.00
LAHRA Professional Member	\$ 80.00
LAHRA Student SHRM Member - Chapter _____	\$ 0.00
LAHRA Transitional Member (board approval required)	\$ 0.00

**2. Meeting/Program Fee Options - Required**

Meeting/Program Fee Prepaid (8 x \$15)	\$120.00
Meeting/Program Fee Paid at Door (\$20 each)	\$ 0.00

**3. Membership & Meeting/program Fee Invoice Total \$ \_\_\_\_\_**

**\*\*\*\*\* Please include a copy of this invoice with your payment\*\*\*\*\***



Please remit payment by November 30, 2017 to:  
LAHRA P.O. Box 354, Manitowoc, WI 54221-0354