

Lakeshore Area Human Resources Association
1/2017 - 12/2017 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 or mail to LAHRA, P.O. Box 354, Manitowoc, WI 54221-0354. Deadline to submit payment for membership is November 30, 2016.

**LAHRA Annual Membership Dues Invoice
January 1st, 2017 - December 31st, 2017**



Member Name: _____

SHRM Member ID (if applicable): _____

Company: _____

1. Please choose your Membership – 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. Please choose your Meeting/Program Fee - 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, 2016 to:
LAHRA P.O. Box 354, Manitowoc, WI 54221-0354