



### Membership Application

Payment Type (check one):  Visa  MasterCard  AmEx  Check

Name (First and Last): \_\_\_\_\_

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

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

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

Date: \_\_\_\_\_

Cost (circle one):     **\$65**         **\$50**      
**Professional Member** **Member In-Transition**  
(for currently unemployed and seeking)

I hereby designate Seattle SHRM (chapter #100) as my primary chapter for SHRM membership coding purposes. I understand that this in no way precludes membership in other chapters and allows SHRM to list my membership to this chapter for financial support program purposes only.

**Yes!**  **No**

**SIGNATURE** \_\_\_\_\_ **SHRM MEMBER ID#** \_\_\_\_\_

(You must be a **current national** member of the Society for Human Resource Management to become a chapter member of Seattle SHRM.)

*Your payment will be processed within one week of the event. Please be sure to specify an e-mail address where you would like to receive your receipt for payment. Your contact information will not be sold or used for solicitation.*