

Current or previous SHRM member? **Yes** **No**

Certifications: aPHR aPHRi PHR PHRca PHRi SPHR SPHRi GPHR APTD
 CPLP CCP ACCP Other _____

Note: Earned SHRM-CP and SHRM-SCP credentials will be added to member records by SHRM.

*Name: _____
First M.I. Last

Ph.D. Ed. JD

*College/University: _____

Chapter #: _____

Primary Address: CAMPUS HOME

CAMPUS

*On-Campus (School) Address: _____

*Address/Apt. # _____

*City: _____ *State/Province: _____ *Zip/Postal Code: _____

*Country: _____

*Email: _____ *Phone: _____

HOME

*Home (Permanent) Address: _____

*Address/Apt. # _____

*City: _____ *State/Province: _____ *Zip/Postal Code: _____

*Country: _____

*Email: _____ *Phone: _____

Please do not share my mailing address with other HR-related organizations.

* Fields marked with an asterisk are required.

ONLINE

*(Credit card
payment only.)*

SHRM.ORG/JOIN

PHONE

(Credit card payment only.)

800.283.7476, option 3
(U.S. only),
or +1.703.548.3440, option 3

MAIL

(3-4 weeks for processing.)

SHRM
P.O. Box 79482
Baltimore, MD 21279-0482
USA

FAX

(Allow 5-7 days for processing.)

+1.703.535.6490

EDUCATION

*Academic Major:

- Human Resource Management
- Human Resource Development
- Business Administration & Management
- Industrial/Organizational Psychology
- Labor Relations
- MBA
- MBA/HR
- Organizational Behavior/Organizational Development
- Other: _____

*Degree:

- Undergraduate
- Graduate
- Postgraduate

*Anticipated Graduation Date: _____ / _____
Month Year

*Currently enrolled in _____ credit hours per

- Semester
- Quarter
- Compressed term or during a 15-week equivalency

EMPLOYMENT STATUS:

- Not employed in a regular full-time HR position
- Employed in a full-time nonexempt** (hourly) HR position
- Employed in a full-time exempt** HR position
- U.S. Military active duty

**As defined by the Fair Labor Standards Act (FLSA)

Demographic Information:

Please complete the following. This information assists us in analyzing the demographics of our membership and helps us provide personalized content as well as new programming.

Birth Year: _____
YYYY

GENDER: Female Male Undisclosed

Please send completed application with your payment.

* Fields marked with an asterisk are required.

MEMBERSHIP DUES:

*SHRM membership is nonrefundable and nontransferable.

- 1-Year Student Membership: \$49

*Please indicate method of payment:

- Check
- Money Order (U.S. \$/U.S. bank only)

Charge my: VISA MasterCard American Express

I authorize SHRM to charge my credit card \$ _____

Credit Card #

Expiration Date

Name (as it appears on credit card)

Signature

Cardholder's Phone

SHRM annual dues are not deductible as charitable contributions for federal income tax purposes but may be deductible as necessary business expenses except that, under IRC Section 162(e), 3% of the SHRM annual dues are allocable to lobbying expenses and are therefore not deductible. I understand my membership will not start until SHRM receives and processes my application and payment.

I hereby apply for student membership in SHRM and agree to pay the current applicable membership dues. I will abide by the SHRM Code of Ethical and Professional Standards in Human Resource Management as detailed online at shrm.org/ethics. I understand that my application and SHRM membership is subject to the SHRM Privacy Policy at shrm.org/privacy.

I certify that the information contained within this application is accurate and correct and I meet the eligibility requirements for student membership.

*Signature/Date

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