

## NASHRM Membership Application - #0453

### Member Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Mailing Address:

\_\_\_\_\_  
*Street Address Apartment/Unit#/Suite*

\_\_\_\_\_  
*City State Zip Code*

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Alternate  
Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

*\*Please note\* this chapter is a 100% Chapter, therefore you must also be an active member of SHRM to join.*

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

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Membership Benefits

- Attend monthly chapter presentations at the member rate
- SHRM and HRCI approved programs
- Training opportunities through UberConference for rural members
- Receive local HR job vacancy postings and other chapter news via email
- Ability to apply for scholarships and individual development opportunities
- The opportunity to volunteer for NASHRM and to serve on the board or other various committees

Please return form to [bowenw@doyon.com](mailto:bowenw@doyon.com). Thank you!