



MEMBERSHIP APPLICATION

Mail Application with Payment To: Membership Processing
2972 W Swain Rd., PMB 115
Stockton, CA 95219

INDIVIDUAL MEMBERSHIP:

INDIVIDUAL MEMBERSHIPS*

All memberships are individual and may not be transferred or owned by an entity.

<input type="checkbox"/> Designated Member – No Fee	<input type="checkbox"/> I designate San Joaquin SHRM (SJHRA) to be my primary Chapter.
<input type="checkbox"/> Non-Designated Member - \$25	<input type="checkbox"/> I have designated a different chapter as primary and will pay the membership fee.

* You must be a current SHRM member and provide your SHRM membership number below to Join.

PLEASE COMPLETE THE REQUIRED INFORMATION:

INDIVIDUAL MEMBERSHIPS

Name:
Title:
Company:
Address:
City: ST: CA ZIP:
Email:
Phone:
Fax:
Cell:

The San Joaquin HR Association is becoming San Joaquin SHRM 1/1/2017!

Effective 7/1/2016, we no longer offer local chapter memberships to non-SHRM individuals.

To become a member of the local chapter, individuals MUST BE current SHRM members.

SHRM members who join and designate San Joaquin SHRM (SJSHRM) to be their "Primary Chapter" of choice, have the \$25/Year Membership fee waived.

PLEASE PROVIDE YOUR SHRM MEMBERSHIP INFO
SHRM Membership Number # _____
SHRM Membership Renews on MON ___ DAY ___ each year.

MEMBERSHIP STATUS

Membership Type: Professional HR Generalist HR Functional Specialist HR Service Provider (Associate)

Your Functional Specialty if any:
 Payroll Benefits Training/Development Employee Relations Talent Acquisition Other-_____

Please indicate what services or products are the most important to you:

<input type="checkbox"/> Face-2-Face Meetings and Seminars	<input type="checkbox"/> Virtual Learning	<input type="checkbox"/> In Person Networking
<input type="checkbox"/> Online Forums and Exchanges	<input type="checkbox"/> Social Media Access	<input type="checkbox"/> CA Employment Law Updates
<input type="checkbox"/> Pre-Recorded Webinars	<input type="checkbox"/> E-Learning Classes	<input type="checkbox"/> Legislative Advocacy

I hereby apply for membership in San Joaquin SHRM and agree to adhere to its Bylaws and code of ethics.

Signature: _____

Date: _____

Please attach check payment (if not designating) and mail to the address above.

You may also scan and email your application to membership@sjhra.org if no payment is due.

FOR SHSHRM USE ONLY	
AMT DUE: \$ _____	AMT PAID \$ _____