



Central Kansas SHRM Chapter
PO Box 2295
Hutchinson KS 67504-2295
www.hutchshrm.org

Application to be completed for New Membership or Renewal Membership

Name _____

Title _____

Company _____

Address _____

City _____ State _____ Zip _____

Telephone _____ ext. _____ Fax _____

Certification: PHR _____ SPHR _____ GPHR _____

National SHRM Member? Yes _____ No _____ If yes - ID# _____ *(This is needed to track % of National SHRM Membership of Chapter Affiliation Awards)*

Year Joined Central Kansas SHRM Chapter _____

Referred By _____

**Please send check payable to: Central Kansas SHRM Chapter
PO Box 2295
Hutchinson KS 67504-2295**

Annual Fees:

_____ \$12.00 – I am a National SHRM Member

_____ \$ 48.00 – I am not a National SHRM Member but am submitting payment prior to March 1

_____ \$24.00 – I am National SHRM Member but am submitting payment after March 1

_____ \$ 60.00 – I am not a National SHRM Member and am submitting payment after March 1

\$_____ I am a new Member and am submitting the pro-rated amount provided to me by the SHRM Board.

_____ I also want to Pre-Pay my monthly Chapter Meeting Fees in the amount of \$100.00 which includes a savings of \$20.00 or the equivalent to two free months.

Member Signature

Membership Fee: \$_____
Pre-Pay Monthly Fees: \$_____
Total Enclosed: \$_____