



2019 MEMBERSHIP APPLICATION

(Please print or type all information)

Name: _____
 Last First MI

Organization or Employer: _____

Job Title: _____

Address: _____
 Street#/PO Box City State Zip

Email: _____ Fax #: _____

Are you currently a member of SHRM: ____ Yes ____ No SHRM #: _____

Please send completed application form, along with a check for:

- Individual Membership \$50.00 _____

Send Completed Form and Check to:
Southwest MI SHRM
P.O. Box 751
St. Joseph, MI 49085
Attn: Membership Committee

As a member of SWMI SHRM, I will uphold its purpose and Code of Ethics:

Signature: _____ Date: _____

Is this a new Member Application or a Renewal Application: _____