



**2020 MEMBERSHIP APPLICATION**

(Please print or type all information)

Name: \_\_\_\_\_  
Last First MI

Organization or Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address: \_\_\_\_\_  
Street#/PO Box City

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email : \_\_\_\_\_

Are you currently a member of SHRM: \_\_\_ Yes \_\_\_ No SHRM #: \_\_\_\_\_

Payment Options

- Join on-line at <http://SWMI.SHRM.org> click on "Membership" tab  
You can join and pay via pay pal.
- Mail Payment & completed application  
Check made payable to: Southwest Michigan SHRM  
Address: Southwest Michigan SHRM #67  
P.O. Box 751  
St. Joseph, MI. 49085

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: \_\_\_\_\_