

SOCIETY FOR HUMAN RESOURCE MANAGEMENT

Chapter Leader Information Form



SOCIETY FOR
HUMAN
RESOURCE
MANAGEMENT

1800 Duke Street
Alexandria, Virginia 22314-3499
(703) 548-3440 Fax: (703) 836-0367 TDD: (703) 548-6999
e-mail: shrm@shrm.org <http://www.shrm.org>

SHRM Chapter Leader Information Form

Please complete this form by providing the names of your chapter leaders and other pertinent information as of _____
Please type or print legibly.

Chapter Name _____
Chapter # _____ State _____ Area # _____
Effective dates of leaders terms _____
What month does chapter NOT meet _____
City where chapter meetings are held _____
Note the week, day and time of chapter meetings _____
What are your chapter dues? _____
If you use a local membership application, **please attach your application.**



Chapter President *SHRM National Membership Required*

SHRM Member #: _____

Name: _____ Certification Designation: _____

Title: _____ Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

President-Elect *SHRM National Membership Recommended*

SHRM Member #: _____

Name: _____ Certification Designation: _____

Title: _____ Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Secretary

SHRM Member #: _____

Name: _____ Certification Designation: _____

Title: _____ Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Treasurer

SHRM Member #: _____

Name: _____ Certification Designation: _____

Title: _____ Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Chapter Membership Chair *SHRM National Membership Recommended*

SHRM Member #: _____

Name: _____ Certification Designation: _____

Title: _____ Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Chapter Foundation Representative

SHRM Member #: _____

Name: _____ Certification Designation: _____

Title: _____ Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Chapter Certification Representative *PHR or SPHR Certification Recommended*

SHRM Member #: _____

Name: _____ Certification Designation: _____

Title: _____ Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Chapter Legislative Representative *SHRM National Membership Recommended*

SHRM Member #: _____

Name: _____ Certification Designation: _____

Title: _____ Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Student Chapter Liaison

SHRM Member #: _____

Name: _____ Certification Designation: _____

Title: _____ Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

School-to-Work Advocate

SHRM Member #: _____

Name: _____ Certification Designation: _____

Title: _____ Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Diversity Advocate

SHRM Member #: _____

Name: _____ Certification Designation: _____

Title: _____ Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

If your chapter uses a professional association management firm or chapter management professional, complete the following section:

Chapter Management Professional

SHRM Member #: _____

Name: _____ Certification Designation: _____

Title: _____ Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Chapter Professional Development/Program Chair

SHRM Member #: _____

Name: _____
 First M.I. Last
 Title: _____ Company: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ E-Mail: _____

Title: _____ Member #: _____
 Name: _____ Certification Designation: _____
 First M.I. Last
 Title: _____ Company: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ E-Mail: _____

Title: _____ Member #: _____
 Name: _____ Certification Designation: _____
 First M.I. Last
 Title: _____ Company: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ E-Mail: _____

Title: _____ Member #: _____
 Name: _____ Certification Designation: _____
 First M.I. Last
 Title: _____ Company: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ E-Mail: _____

Title: _____ Member #: _____
 Name: _____ Certification Designation: _____
 First M.I. Last
 Title: _____ Company: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ E-Mail: _____

Title: _____ Member #: _____
 Name: _____ Certification Designation: _____
 First M.I. Last
 Title: _____ Company: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ E-Mail: _____

Title: _____ Member #: _____
 Name: _____ Certification Designation: _____
 First M.I. Last
 Title: _____ Company: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ E-Mail: _____