



Membership Application

Member Information

Full Name: _____ Date: _____
Last First M.I.

Home Address: _____
Street Address Apartment/Unit #/Suite

City State Zip Code

Work Address: _____
Street Address Apartment/Unit #/Suite

City State Zip Code

Home Phone: (____) _____ - _____ Email Address: _____

Work Phone: (____) _____ - _____ Certification Designation: _____ Mailing Address: Work Home

Company Name: _____ Title: _____

Are you a member of SHRM? No Yes, Member # _____

**Note: SKC SHRM is 100% Chapter, therefore you must also be an active member of SHRM to become a member of SKCSHRM*

Years in HR

0 – 5 6 – 10 11 – 15 16 – 20 20+

SKC-SHRM sends periodic email notifications of HR related programs, learning opportunities and conference information. By signing this application, you consent to accept such notifications.

Signature: _____ Date: _____

In order to join SKC-SHRM, you must apply or be a member of SHRM. If you are already of a member of SHRM, and are current on your annual dues, you may join SKC-SHRM for no additional dues (membership is non-transferable). Send this completed form to our Membership Director, Nicole Owen at nicoleowen88@gmail.com or fax it to 253.395.4996.