



# SCVEA / SHRM\* Chapter Membership Application

January 1, \_\_\_\_\_ to December 31, \_\_\_\_\_



Company Name and Type: \_\_\_\_\_  New Member  Renewal  Change

Address: \_\_\_\_\_

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

Company Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Company Website: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

New members, were you referred to SCVEA by a current member? Name of SCVEA member \_\_\_\_\_

### SCVEA / SHRM\* Chapter Membership Dues

**\$50 SCVEA/SHRM Membership** Number of Members \_\_\_\_\_ x \$50 = \$ \_\_\_\_\_  
SHRM Member ID Number (Required) \_\_\_\_\_

**\$175 Unaffiliated SCVEA/SHRM Membership** Number of Members \_\_\_\_\_ x \$175 = \$ \_\_\_\_\_  
SCVEA membership only (no SHRM Membership)

**\$25 SCVEA/SHRM Student Membership** Number of Members \_\_\_\_\_ x \$25 = \$ \_\_\_\_\_

Total Cost per Corporation/Organization\*\* \$ \_\_\_\_\_

#### \*\*Corporate Discount

\$400 for four professionals from the same organization with at least one SHRM member

\$600 for four HR professionals from the same organization for non-SHRM member

\* National SHRM (The Society for Human Resource Management) is separate from SCVEA; therefore you must apply to SHRM directly for your membership with national SHRM. See our web-site for more details: [www.scvea.shrm.org](http://www.scvea.shrm.org)

**Member # 1:** Name: \_\_\_\_\_  New Member  Renewal  Change

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

Years of HR Experience: \_\_\_\_\_  Yes, I am a SHRM\* Member:# \_\_\_\_\_ Certification:  PHR  SPHR

No, I'm not a SHRM member.  I have applied to SHRM for membership and will send you my SHRM Member #.

**Member # 2:** Name: \_\_\_\_\_  New Member  Renewal  Change

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

Years of HR Experience: \_\_\_\_\_  Yes, I am a SHRM\* Member:# \_\_\_\_\_ Certification:  PHR  SPHR

No, I'm not a SHRM member.  I have applied to SHRM for membership and will send you my SHRM Member #.

**Member # 3:** Name: \_\_\_\_\_  New Member  Renewal  Change

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

Years of HR Experience: \_\_\_\_\_  Yes, I am a SHRM\* Member:# \_\_\_\_\_ Certification:  PHR  SPHR

No, I'm not a SHRM member.  I have applied to SHRM for membership and will send you my SHRM Member #.

Membership dues are payable on or before January 1<sup>st</sup> each year.

Please mail check to: **St. Croix Valley Employers Association; P.O. Box 464; New Richmond, WI 54017**