



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: _____ Non-Profit: Yes No

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) _____

\$100 Unaffiliated SCVEA/SHRM Membership Number of Members _____ x \$100 = \$ _____

SCVEA membership only (no SHRM Membership) Number of Members _____ x \$20 = \$ _____

\$20 SCVEA/SHRM Student Membership

Total Cost per Corporation/Organization** \$ _____

**Corporate Discount

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

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 1st each year.

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